

Volte Strategy Scholars Program

Payment Request Form

Please type or print clearly all information

RECIPIENT DATA (Fill in all items)

Name: _____ name, middle, last name	SSN: _____ (000-00-0000)	Birth Date: _____ Month/Date/Year	first
Student ID #: _____			
Home Address: _____ street, and apartment if necessary	City: _____	Zip: _____	number,
Home Phone: _____	Other Phone: _____		
Cell Phone: _____	Facebook Address: _____		
College/University Address: _____ number, street, and apartment if necessary	City: _____	State: _____	Zip: _____
College/University Phone: _____	Other Phone: _____		
Email Address: _____			

COLLEGE/UNIVERSITY INFORMATION

The College/University I attend is: _____ and I am a (circle one): freshman sophomore junior senior
My major is: _____ and my cumulative GPA is: _____ while my last term's GPA was: _____
I expect to graduate in the month of _____ in the year of 20 _____.

FINANCIAL DATA

I am requesting \$ _____ of my scholarship award for this term (circle one): Fall Winter Spring Summer of the year 20 _____
The scholarship check should be made payable to : _____ recipient & college/university -or- _____ college/university only

ACHIEVEMENT INFORMATION (ATTACH ADDITIONAL PAPER IF NECESSARY)

Please list any awards or honors you achieved during the last semester: _____

Please explain any problems or extenuating circumstances you have faced or are currently facing this semester: _____

CERTIFICATION

I certify that all information on this form is true and complete to the best of my knowledge. I know that a false statement or omission constitutes sufficient cause for termination of my scholarship award. I also affirm my need for financial assistance for this semester. I know the maximum amount I may be entitled to each semester is up to \$2,500, depending on the type of scholarship that I have and that the unused amount may be reserved for summer school. I also know that I forfeit my scholarship for any term that I do not submit my payment request form by the stated deadline. I understand that the amount per semester of the award I receive is also dependent upon my fulfillment of the terms of the scholarship, in particular, my participation in the Coleman A. Young Foundation Awards Program.

Recipient Signature _____

Date _____

Submit this payment request form, along with all the required supporting documents to
Program Manager @ Coleman A. Young Foundation 7650
Second Avenue ~ Suite 206 ~ Detroit, MI 48202
Office: (313) 962-2200 ~ Email: kenequiaparker@cayf.org