



Scholarship Funds Form



Date: _____

Tuition Charge (Foundation/Other)
Deliver to Financial Aid Office

Bookstore Charge
*Deliver to
Financial Aid Office*

Withdrawal
*Deliver form to
Athens Tech Foundation*

Student Information

ATC Student ID: _____

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone Number: _____

Email: _____

Scholarship Information

Scholarship Name: _____

Semester: Spring Summer Fall Year: _____

Initial Scholarship Amount: \$ _____

Amount to Disburse: \$ _____

Remaining Scholarship Balance: \$ _____

You will be contacted to pick up a check if funds are withdrawn.

Student Signature: _____

Date: _____

To be completed for Bookstore Charge ONLY:

Authorized Name: _____

Authorized Signature: _____

Date: _____