

MVCTC SCHOLARSHIP DISBURSEMENT

You must complete the following information to claim your scholarship. Scholarship funds will be sent directly to the college or university listed below.

A. STUDENT INF	ORMATION
Name:	
Address:	
City/State/Zip:	
Phone#:	
Email Address: (PERSONAL)	
Partner School:	
MVCTC ID#:	Program:
B. POST-SECON School Name:	DARY SCHOOL INFORMATION
Address:	
City/State/Zip:	
School ID#:	
Маjor:	
-	
C. SCHOLARSHI	P INFORMATION
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Mail this form, a copy of your statement of account, and a copy of your class schedule to:

MVCTC Treasurer
Miami Valley Career Technology Center
6800 Hoke Road
Englewood, Ohio 45315

