

**Autism Society of West Shore
Scholarship Disbursement Form**

It is mandatory that the person receiving funding from the ASWS complete this form and includes all copies of receipts for the specified request for funding by December 1st. ASWS will issue one check after receiving the receipts. If you have already turned in receipts with your application, please note this on the Disbursement Form.

Please remit to: Autism Society of West Shore
 Attn: Scholarship Committee
 PO Box 39
 Spring Lake, MI 49456

Name: _____

Address: _____

Phone: _____

Email: _____

Amount of Request: _____ Amount Approved: _____

Purpose of Funding: _____

Comments: _____

The undersigned person certifies that the information provided is correct to the best of his/her knowledge:

Name

Date

**Please attach copies of receipts.