★ SCHOLARSHIPS *4* Us®



The purpose of The Scholarships 4 Us Program is to disburse accumulated Prize Funds as a Scholarship Award. Accumulated Prize Funds and accrued Savings Contributions are entitled to every Student-Participant as either taxable income or a scholarship award. All tax questions should be asked to a license professional.

- Complete the form and submit to **Accounts@Scholarships4Us.com** in .PDF form.
 - Use the Subject Line: 'Disbursement Request: (Last Name, Enrollment ID)'
- Only one Disbursement Request is permissible. Both the Savings Contributions and Prize Funds must be requested
- You must include verifiable proof if submitting an Early Disbursement Request
- Savings Contributions may be mailed directly to the former Student-Participant
- Requested accumulated Prize Funds as Scholarship Funds will be mailed directly to the postsecondary educational institution as a Scholarship Award
- Disbursement request must be submitted by June 30th @ 11:59pm EST
- Processing of disbursements is from July 1st July 31st
- All disbursements are mailed August 1st
- Early Disbursement Request will be mailed within 21-days upon approval





	Student Information *required*		
Enrollment ID*		Х	
Date of Birth*	X	Year of High School Graduation*	Х
First Name*		Х	
Middle Name*		Х	
Last Name*		Х	
Mailing Address*			
	Х		



Are you submitting an Early Disbursement Request? * (fill in box)	Yes	Х	No	Х
lf yes, then fill i	n the box to the corre	sponding reason(s):		
	Early Graduation)	(
	Terminal Illness*)	(
	Immutable Injury*)	(
	Emigration*)	(
	Incarceration**)	(



Program Withdraw**	Х
School Dropout**	Х
Decease*	Х

* Subject to federal and/or state tax

**Subject to federal and/or state tax and a permanent Ineligibility Status





	Student Questionnaire
I understand that the total amounts from both my accumulated Prize Funds and accrued Savings Contributions must be requested in-full as Scholarships 4 Us® permits only one Disbursement Request from a former Student-Participant. (Write 'I understand' in the blank space and print your name in the gray space)	X
I understand that if I am going to participate in either the NCAA, NJCAA, NAIA, or NAIA collegiate sports I will be required to disclose requesting my prize funds as prize money on the Amateurism Questionnaires of the prospective association which may forfeit my Amateurism status according to their bylaws. (Write 'I understand' in the blank space and print your name in the gray space)	X





I understand that if I request my accumulated Prize Funds as Prize Money then I am ineligible to apply for the Scholarship Match Award. TM (Write 'I understand' in the blank space and print your name in the gray space)	Х
I understand that if I accept my accumulated Prize Funds as Prize Money that I am responsible for	Х
reporting it as taxable income according to any and all applicable federal and/or state tax laws.	
(Write 'I understand' in the blank space and print your name in the gray space)	





I understand Scholarships 4 Us® is the Legislative-Compliance enterprise for potential collegiate athletes and students and is permitted to provide verification of disbursements upon request form the IRS, collegiate athletic associations, or postsecondary educational institutions. (Write 'I understand' in the blank space and print your name in the gray space)	Χ
I understand that the intentional failure to report that I forfeited my Amateurism with Scholarships 4 Us® by accepting prize money or remuneration in an event, I may forfeit my accumulated prize funds. (Write 'I understand' in the blank space and print your name in the gray space)	X





Savings Contribution Request		
I request my Savings Contributions in the amount of*	Х	
(write the amount in the next column)		
Mail to:*		
Print Name*	Date*	
Print Name*	Date*	





	Accumu	lated Prize Fund	ls Request
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I request my accumulated Prize Funds as a Scholarship Award or		Х	Amount
(fill in a blank 'x' space and the amount)	Prize Money.	Х	Amount
Ma	ail my <mark>Scholarship Award</mark> to the follow posts	econdary educational ir	nstitution:
School Name*		Х	
Student ID* (provided by institution)		Х	
Attn Name * (Financial Aid Department)	X		
Mailing Address:*		Х	



Mail my <mark>Prize Funds</mark> to:

Address

Print Name:	Date*





	By signing below,	I confirm that all information has been entered correctly	
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- By signing below, I understand that disbursements are mailed on August 1st unless an approved early disbursement request has been fulfilled
- By signing below, I understand that Scholarships 4 Us® issues two separate checks: Savings Contributions and Scholarship Award or Prize Money
- By signing below, I understand that Scholarships 4 Us® abides by all applicable federal and state laws

Former Student-Participants Signature Below:

Signature



<u>Name of Requestee</u>	Date	
Phone		
Email		
Signature		
If you are not the former Student-Participant requesting the ESA funds then Scholarships may contact you directly for any further questions.		