

Florida Federation Scholarship Winner Request for Disbursement

Date: _____

Name: _____

Make check payable to: _____

Mail to: _____

City: _____ State/Prov _____ Zip _____

I have paid the registration fee for the following courses and successfully completed same:

<u>Course or Event</u>	<u>Date</u>	<u>Reg Cost</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____
_____	_____	_____

Signature: _____

Complete and return by email (marlac@fairsandexpos.com), or mail (3043 E. Cairo, Springfield, MO 65802) to the IAFE (ATTN: McKoy Scholarship –Education Foundation)

OFFICE USE ONLY: Award Year = _____ <input type="checkbox"/> Florida \$ _____ Remaining Use by __/__/__

OFFICE USE ONLY – AUTHORIZATION TO PAY Date __/__/__ By _____ From: Education Foundation Account
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