

# Bob Williams 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>
_____	_____	_____
_____	_____	_____
_____	_____	_____

Year scholarship was awarded:

Signature: \_\_\_\_\_

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

<b>OFFICE USE ONLY:</b> Award Year = _____ <input type="checkbox"/> Williams    \$ _____ Remaining    Use by __/__/__
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<b>OFFICE USE ONLY – AUTHORIZATION TO PAY</b> Date __/__/__ By _____ From: Education Foundation Account
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