



REQUEST FOR SCHOLARSHIP FUNDS

Name of Scholarship Recipient: _____

Address: _____
(Street) (City) (State) (ZIP)

Phone: (____) _____ Social Security No. _____

Amount of scholarship funds requested: **\$ _____
(State All, if you wish all funds sent)

SMART Use Only

**EXCEPTION TO POLICY DECLARATION must be on file,
before you can request a reimbursement, contact SMART!**

Must have an Exception Policy on file with SMART for a reimbursement!

Reimburse me for: _____
(Example: Tuition, Books, Etc.)
(Must include a receipt showing payment for this item)

or

Send check to the institution:

****Check with the institution and see if and when, they will accept funds for you!!**

Institutions name: _____
(Do not use initials)

Attn: _____
(Find out what department the institution wants the check sent too)

Address: _____
(Street)

City: _____ State _____ ZIP _____

Signature of person requesting the funds: _____

(Print name)

Mail to: USBC
Attn: SMART
621 Six Flags Drive
Arlington, TX 76011

or Fax to: 817.385.8266

You may e-mail requests, but they must contain the all the above information. E-mail request to: smart@bowl.com.

****Only, use one form for the amount you are requesting and not one form for each scholarship letter you received from SMART.**