



15721 N. GREENWAY HAYDEN LOOP, SUITE 100
SCOTTSDALE, AZ 85260
(480) 998-2777
(800) 443-0544
FAX: (480) 443-1559
www.foundation4educationalopportunity.org

OFFICIAL RULES FOR SCHOLARSHIP WINNERS

Please review the following rules to withdraw money from your scholarship account:

- The Foundation will make payment directly to any two-year or four-year state accredited educational institution on your behalf for tuition expenses up to the accrued amount in your trust account. (Complete a Disbursement/Withdrawal Request form [attached] and return it to the Foundation.) Please note that the educational institution you choose must agree to make any refunds back to the Foundation for deposit in your trust account.
- The Foundation will be released as trustee once all monies have been withdrawn at your request and paid directly to the educational institution. (Complete a Release of Account Trustee & Administration form [attached] and return it to the Foundation.)
- The Foundation will reimburse you directly only for required textbook purchases up to the amount that has accumulated in your trust account when you submit original receipts to the Foundation. (Complete a Disbursement/Withdrawal Request form [attached] and return it to the Foundation.) No other scholarship funds are paid or refunded directly to you.
- The Foundation cannot pay or reimburse you for room or board expenses.
- ***Please note: If you do not withdraw your scholarship award by the year 2018, you forfeit your scholarship.*** In that event, the funds are retained by the Foundation and redistributed to another charitable organization.

Please address your inquiries to the Foundation for Educational Opportunity, c/o Evans Newton Incorporated, 15721 N. Greenway Hayden Loop Ste. 100, Scottsdale, AZ 85260, or call 1-800-443-0544.



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DISBURSEMENT / WITHDRAWAL REQUEST

Please process this request to disburse/withdraw funds from my scholarship trust account.

Check this box if requesting payment of tuition to Qualifying Institution.

(A check will be processed and made payable to the Qualifying Institution of your choice and sent to their address of record on your behalf. **Please note that the Qualifying Institution must agree to pay the Foundation Trustee, not the student, any refunds requested by you.** See Qualifying Institution Agreement below.)

Check this box if requesting reimbursement for textbooks.

(Please attach the original receipt. **A check will be made payable to the Student only if an original receipt is attached.**)

A. Student Data (please print)

First Name/Middle: _____ Last Name: _____
Current Age: _____ Date of Birth: _____ S.S.# (required): _____
Current Street Address: _____
City: _____ State/Zip: _____ Home Phone: _____
Name of School Attended at Time of Scholarship Entry: _____
Year Scholarship Awarded: _____

B. Disbursement Amount Requested: \$ _____

(Attach receipt if requesting reimbursement for textbooks; complete Qualifying Institution Agreement if requesting payment to qualifying institution.)

C. Qualifying Institution Data (please print)

Name of Qualifying Institution, Payee: _____
Street Address: _____
City: _____ State/Zip: _____ Phone: _____

QUALIFYING INSTITUTION AGREEMENT (required for payment processing)

In the event a tuition refund is requested for any reason, We (the Qualifying Institution), agree to return the requested refund back to The Foundation for Educational Opportunity, not the Student, for deposit in the trust account of the above-named Student.

Signature of Qualifying Institution Representative: _____

Title of Institution Representative: _____ **Date:** _____

Phone: _____

D. SIGNATURE (required for payment processing)

I hereby authorize the Foundation for Educational Opportunity to disburse funds as stipulated above from my scholarship trust account.

Student Signature: _____ **Date:** _____



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RELEASE OF ACCOUNT TRUSTEE & ADMINISTRATION

STUDENT DATA

Scholarship Trust Account Number: _____

Name: _____

Current Street Address: _____

City: _____ State/Zip: _____ Home Phone: _____

RELEASE SIGNATURE

All monies from the above-named account have been withdrawn by my request and paid directly to the educational institution(s) I have authorized. I hereby release the Foundation for Educational Opportunity as trustee and administrator of my scholarship trust account. Effective immediately, I authorize the account be closed.

Signature of Student: _____ **Date:** _____



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CUSTOMER SERVICE VERIFICATION FORM

Student Data

First Name/Middle: _____ Last Name: _____
Date of Birth: _____ S.S.# (required): _____
Current Street Address: _____
City: _____ State/Zip: _____ Home Phone: _____
Name of School Attended at Time of Scholarship Entry: _____
Year Scholarship Awarded: _____

Organization Data

Organization: _____
Supervisor Name: _____ Title: _____
Street Address: _____
City: _____ State/Zip: _____ Phone: _____
Hours Volunteered: _____
Description of duties and responsibilities:

I affirm that all information provided is correct.

Signature of Supervisor: _____ **Date** _____

Organization: _____
Supervisor Name: _____ Title: _____
Street Address: _____
City: _____ State/Zip: _____ Phone: _____
Hours Volunteered: _____
Description of duties and responsibilities:

I affirm that all information provided is correct.

Signature of Supervisor: _____ **Date** _____