



**MISS OMAHA SCHOLARSHIP FUND**  
**LOAN SERVICER VERIFICATION / SCHOLARSHIP REQUEST FORM**  
*(Issuance to Student Loan Servicer)*

*Student's Name:* \_\_\_\_\_

*Permanent Address:* \_\_\_\_\_

*City/State/Zip:* \_\_\_\_\_

*Social Security #:* \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

*I \_\_\_\_\_ have been selected as the recipient of the Miss Omaha Scholarship in the amount of \$ \_\_\_\_\_ administered by the Midlands Community Foundation. I hereby release the following information to the Midlands Community Foundation for the purpose of scholarship payment only.*

*Student's Signature of Authorization* \_\_\_\_\_ *Date* \_\_\_\_\_

.....

Please complete and return this form to the address indicated at the bottom of this form. Upon proper verification of an active account balance, a check will be issued and mailed to the Loan Servicer below for credit to the scholarship recipient's account.

**The above recipient currently holds a student loan balance with the following servicer:**

***Name of Loan Servicer*** \_\_\_\_\_

***Mailing Address*** \_\_\_\_\_

***City/State/Zip*** \_\_\_\_\_

***Telephone #*** \_\_\_\_\_

***Recipient Account #*** \_\_\_\_\_

*I hereby verify this information to be correct per my account records on this date.*

\_\_\_\_\_  
*Name (Scholarship Recipient/Account Holder)*

\_\_\_\_\_  
*Date (MM/DD/YYYY)*

\_\_\_\_\_  
*Signature (Scholarship Recipient/Account Holder)*

***Please mail this form to:***  
***Midlands Community Foundation***  
***217 Jefferson Street***  
***Papillion, NE 68046***  
***(402) 991-8027***  
***www.midlandscommunity.org***

*This document must display the original signature of the Financial Aid or Admissions Office. NO PHOTOCOPIES.*