MISS OMAHA SCHOLARSHIP FUND

VERIFICATION OF ENROLLMENT / SCHOLARSHIP REQUEST FORM

(Issuance to Educational Institution)

Student's Name:		
Permanent Address:		
City/State/Zip:		
Social Security #:		
I request that the Financial Aid Office release the for the purpose of scholarship payment only.	e following information to	the Midlands Community Foundation
Student's Signature of Authorization		Date
The student named above has been selected as the the Midlands Community Foundation. The amount	recipient of the Miss Oma	ha Scholarship, which is administered by
TO BE COMPLETED BY FINANCIAL AID OR ATTENTION: FINANCIAL AID OR ADMISSION		
Please complete and return this verification of en proper notification of enrollment, a check will be is account. The particular scholastic expenses cover payment. Instruction as to the terms of payment w	ssued and mailed to the Fine ed by this scholarship will	ancial Aid Office for credit to the student's be indicated on a form accompanying the
This is to certify that: the above named student has [] enrolled [] pre-enrolled		r credit hours.
The above student is enrolled at:		
Name of School		
Mailing Address		
City/State/Zip		
Telephone #		
I hereby verify this information to be correct per of is to be awarded to the above student's account Foundation.		-
Signature (Financial Aid or Admissions Officer)	Date (MM/DD/YYYY)	Please mail this form to: Midlands Community Foundation 217 North Jefferson Street Papillion, NE 68046
Title (Financial Aid or Admissions Officer)	-	(402) 991-8027 www.midlandscommunity.org

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

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 se	lected as the recipient of the Miss Omaha Scholarship in the
amount of \$ administered by the Midla information to the Midlands Community Foundation f	lected as the recipient of the Miss Omaha Scholarship in the and Community Foundation. I hereby release the following for the purpose of scholarship payment only.
	Date
	dicated at the bottom of this form. Upon proper verification of an mailed to the Loan Servicer below for credit to the scholarship 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 a	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	

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.