

# Lloyd D. Russell Memorial Scholarship Program

## Request for Payment of Funds

This form must be completed for authorization to release scholarship money.

Name \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Phone \_\_\_\_\_ Social Security # \_\_\_\_\_

Funds will be paid directly to the college, university, vocational or technical institution of higher learning and credited to your account within (6) years.

Institution \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_

Include any other pertinent information to assure the funds are credited properly.

This form must be returned to: Joy Kellenbarger  
2026 Lake Road SE  
Lancaster, Ohio 43130

\_\_\_\_\_  
Signature of Scholarship Recipient

\_\_\_\_\_  
Date

\_\_\_\_\_  
Signature of Parent or Guardian if recipient under 18

\_\_\_\_\_  
Date