

**OYSTER BAY-EAST NORWICH CSD  
CHECK REQUEST FOR SCHOLARSHIP FUND**



*In lieu of a P.O., this form is used when requesting a check to be issued to a scholarship recipient.  
Please write in the \$ amount of the scholarship award in the appropriate field below.  
Enter the check details in the bottom section of the form, sign & submit to Corinne in Payables.  
Use one form per recipient.*

<u>ACCOUNT</u>	<u>ACCOUNT NAME</u>	<u>AMT \$</u>
Z9010	ELIZABETH ARMSTRONG	
Z9011	BROOKE JACKMAN FOUNDATION	
Z9012	CRAWLEY MEMORIAL FOUNDATION	
Z9013	FRANK CUCCU SCHOLARSHIP	
Z9020	PETER LEVY	
Z9025	DONALD R. LOWE	
Z9030	WILLIAM MCKAY	
Z9032	MARINO MEMORIAL SCHOLARSHIP	
Z9035	RICHARD NODELL	
Z9040	MICHAEL NARDONE	
Z9042	SAL PIPITONE MEMORIAL	
Z9045	CARL RENNERT	
Z9047	SILVER FAMILY SCHOLARSHIP	
Z9050	JULIA L. THURSTON	
Z9055	SCHOOL BUSINESS PARTNERSHIP	
Z9056	ELA SCHOLARSHIP/LILAC	
Z9057	MARIE COLVIN AWARD	
Z9072	JACKIE TREZZA	
Z9073	GLORIA M. BARRON	
Z9075	ROSEMARY CRAWFORD ENGLISH	
Z9076	PURPLE CLOAKS SCHOLARSHIP	
<b>TOTAL CHECK REQUEST</b>		<b>\$ -</b>

<b>CHECK DETAILS</b>	
RECIPIENT	_____
VENDOR #	_____
ADDRESS	_____
OTHER INFO:	

\_\_\_\_\_  
REQUESTER - Signature & Date

\_\_\_\_\_  
ASST SUPERINTENDENT - Signature & Date