

**AWARDS/SCHOLARSHIP PAYMENT REQUEST FORM****CA 20—2**

Form must be typed. Hand written forms will be returned for clarification.

Name of Scholarship/Award _____

Recipient(s) _____

Instrument(s) _____

Amount \$ _____

Award Payable to: Name _____

All club awards must contain the name of the person (not just the club name) to whom the check will be sent.

Email address _____ Phone _____

Address: _____

City, State, Zip _____

Social Security number is required by IRS if the award amount is over \$600. Recipient should **call** the NFMCA treasurer, Suzanne Carpenter (352) 256-6611 to leave the SS#.

All Awards/Scholarships must be certified with signature by the NFMCA Chair. He/she is the **ONLY** person authorized to grant funds. **Include a complete list of all winners to the treasurer.**

Summer Music Scholarships must be certified by the Summer Music Scholarship NFMCA Chair **ONLY**.

Date _____

Chair _____ Email address _____

Signature of the Chair _____

(Typing name here is acceptable.)

TO BE FILLED OUT BY RECIPIENT. Payments may be sent via direct deposit to the designated bank account (preferred method). If check is required leave this section blank. **DO NOT SHARE WITH CHAIR.**

☒ Checking ☐ Savings

Name on account _____

Name of bank _____

Account number _____ Routing number _____

For immediate payment, forward to the current NFMCA Treasurer Suzanne Carpenter:

treasurnfmc@gmail.com