Levittown Public Schools SCHOLARSHIP REQUEST FORM

Name on Scholarship:		
School in which Scholarship	s designated for:	
Selection of the student to be o	etermined by:	
Initial Deposit Amount:		
Person Requesting:		
Purpose and Criteria:		
Number of students to	receive award	
Criteria:,		
Planned Scholarship:		
Frequency (over-time	annual, etc.):	
Board of Education approval	date:	
 of the school. Submit a completed form After approval they are se Schools must send a requesthe student name and add known. 	nts to establish a scholarship, please contact the Principal to the Superintendent to be placed on a BOE agenda. In to the Business office. In set to the Business office for all checks to be written with ress, the name of scholarship, and amount and code if ack to school when issued.	
Completed By:	Name	
Principal:	Signature	
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