



SCHOLARSHIP PAYMENT REQUEST FORM

Please complete this form and mail to

Martin County Fair Association, Inc
2616 SE Dixie Hwy
Stuart FL, 34996

Personal Information:

FIRST AND LAST NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

SSN# _____ - _____ - _____ **OR STUDENT ID#** _____

College Information for payment:

COLLEGE: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

RECIPIENT SIGNATURE: _____

DATE: _____

FAIR OFFICE USE ONLY

Scholarship Amount: \$ _____ **Date Check Mailed:** _____ **Check #** _____

Authorized By: _____