

DIXIE EDUCATION FOUNDATION

Scholarship Money Request Form

You will receive half of the scholarship amount the first semester and half the second semester.

Please submit the following supportive items with this request each semester.



1. Thank You Letter(s)
2. College Schedule or Proof of Enrollment
3. Award Letter(s)

Recipient's Name: _____

Student Number: _____

Student phone number: _____

Student's email address: _____

Address of College Financial Aid Office: _____

List of Scholarship(s)

Amount

List of Scholarship(s)	Amount
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

Your scholarship monies will be mailed to the college when appropriate submitted items are reviewed by the Dixie Education Foundation.

All the items can be faxed, mailed or emailed to the Dixie Education Foundation.

DIXIE EDUCATION FOUNDATION, INC.

PO BOX 2655

CROSS CITY, FLORIDA 32628

PHONE (352) 498-1238 FAX (352) 498-1471

EMAIL: mydcef@gmail.com or barber_chris2006@bellsouth.net