

Date: 5/8/17 **REVISED SCHOLARSHIP APPROVAL FORM**

TO: Board Members of the Port Jervis School District
Administration of the Port Jervis School District

RE: Revised Scholarship: (name) Dawn Knight Memorial Scholarship
Revised Amount (if applicable): \$250.00
Revised Criteria (if applicable): n/a

Dear Sir/Madam,

Please consider this request for approval on the above named scholarship to be offered to the students of the Port Jervis School District.

This scholarship will be a: One-time offering for this year
 Offered each year until further notice

Monies will be disbursed from: Escrowed into account at Thompson Street
 Check provided by scholarship organization

Please see attached Scholarship Criteria Information for your review.

Thank you for your consideration.

Requested by: (Print Name) Harold Knight
(Signature) Harold Knight

AGENDA DATE: _____

APPROVED DENIED

cc: Scholarship Organization / Benefactor
Jeanmarie Schields / HS Guidance
Debbie Rutt / Business Office / Escrow Acct.