



# SCHOLARSHIP DISBURSEMENT INFORMATION

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Name of Educational Institution to Receive Scholarship Payment

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Street Address

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City

State

Zip Code

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Telephone

## RELEASES AND SIGNATURE

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I, \_\_\_\_\_, affirm the following:  
(Print Your Full Name)

- I have read the John, Lynne and Nicole Belli Endowment Memorial Endowment Scholarship Fund Guidelines and hereby submit my scholarship renewal form for this program. I affirm that all of the information I have provided is true.
- I authorize the GFBF to request and receive additional information regarding my enrollment status at both my high school and the institution where I will use the scholarship.
- In the event of a refund by the educational institution and the refund relates to any of the monies paid on behalf of the scholarship by the Foundation, I agree to return this refund to the Foundation with a personal check/money order within thirty (30) days of receiving the refund.
- If I withdraw from the institution for which I will use the scholarship, I will inform the GFBF in writing within thirty (30) days.
- I give the GFBF permission to use my name, photograph, plan of study and the name of the institution I will be attending publicly in order to promote the mission of the GFBF and the John, Lynne and Nicole Belli Memorial Endowment Scholarship Program.
- Specific permission will be requested by the GFBF for use of my essay for similar purposes.
- I will keep the GFBF informed of any changes in my contact information as well as my graduation date, my post-graduate employment/education plans and how the Belli Memorial Endowment Scholarship has benefited my life.
- I understand that the GFBF does not discriminate in any manner contrary to law or justice on the basis of race, color, gender, sexual orientation, age, religion, disability, veteran's status or national origin in its programs or activities.

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Printed Name of Applicant

Signature of Applicant

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Printed Name of Parent/Guardian if minor

Signature of Parent/Guardian if minor

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Date