



Friends of the Lakewood Libraries

Scholarship Expense Form

Date: _____

Requested by (checks will be made out to this person):

Mailing Address (checks will be sent here):

Contact Information (in case there are questions, can be phone or email):

Description (receipts must be attached in order to process payment):

Be sure to include proof of enrollment in school. This can be an enrollment verification letter from your registrar's office, transcripts (unofficial is okay). Payments will not be processed without this proof.

Total Amount Requested: _____

~~~~~ FOR TREASURER USE ONLY ~~~~~

Check No: \_\_\_\_\_ Date: \_\_\_\_\_ Amount: \_\_\_\_\_

Notes: \_\_\_\_\_

\_\_\_\_\_

### **INSTRUCTIONS**

Fill out this form completely and mail (along with receipts) to:

FoLL Treasurer  
Iacoboni Library  
4990 Clark Avenue  
Lakewood, CA 90712