OCEAN CITY HIGH SCHOOL
High School Guidance Department
501 Atlantic Avenue, Ocean City NJ 08226
609-399-1290 ext. 4214

This form MUST be completed and returned to Tobi Oves at Toves@ ocsdnj.org no later than February 16, 2023 along with an official or unofficial transcript of completed first semester grades and any additional requirements set forth in the specific scholarship. The disbursement of funds will begin in January after the semester of attendance. Additional copies may be made if necessary.

PLEASE NOTEIn order for the scholarship to be paid to the individual rather than the school, a copy of the paid invoice from the college/school must be enclosed along with a note requesting direct payment.***

SCHOLARSHIP PAYMENT REQUEST

DATE _____

MAKE CHECK PAYABLE TO (X) _____STUDENT (see above criteria)_____**SCHOOL**

Student's Name _____SSN or Student ID #_____

Student's Address_____

School (Specific address for Billing or Bursar's Office):

_____

_____

_____

Name of Scholarship(s) 1)_____Amount $_____

2)_____Amount $_____

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OFFICE USE ONLY

Date money received from organization _____

Date check written:_____Check #_____ Check Amount :_____

Date check written:_____Check #_____ Check Amount :_____

Approval from Scholarship Team - Student information meets criteria ____ yes _____ no

T. Oves _____