



THE COMMUNITY FOUNDATION

PAYOUT SCHEDULE

Name of Scholarship: Esther and Harry Frost Scholarship

Student Name _____ Student ID# _____

Home Address _____ Email _____

I plan to *(check one)*:

_____ release **one** payment of \$10,000

_____ release **two** payments of \$5,000

_____ release **four** payments of \$2,500

_____ release **eight** payments of \$1,250

Please note that this is a preliminary schedule, each time funds are requested to be released, a Proof of Enrollment form must be completed and submitted.

College Full Name: _____ College Website: _____

College Address: _____

Student Signature: _____ Date _____

Upload this completed form to the Scholarship Documentation Collection Portal along with other required and requested information.