



LEAKEY INDEPENDENT SCHOOL DISTRICT

2024-2025 Scholarship Disbursement Request Form

Scholarship checks are available for pick up in the Business Office. Disbursements for the Fall 2024 semester will be ready **August 12th, 2024**. Disbursements for the Spring 2025 semester will be ready **January 4th, 2025**. Scholarship checks are issued jointly; to you and your college of record. It is your responsibility to complete the requirements listed below, submit your request timely, and to stop by the Business Office to pick up and sign for your scholarship check.



INSTRUCTIONS (deadlines)



- **(1) Scholarship Disbursement Request Form** - Complete and submit this form **by Aug. 1, 2024 for the Fall 2024 semester** or **by December 14, 2025 for the Spring 2025 semester**. *If disbursement requests are not received by the deadline, checks will not be available for pick up until later in the month.
- **(2) Grades** - provide a printout that clearly shows your name, grades/GPA, and number of hours completed from your last semester
- **(3) Registration** - provide a copy of your class registration.

Submit all 3 documents to businessoffice@leakeyisd.net. You may also deliver them via fax to (830) 232-5535, or in person to the business office.

Note - it is your responsibility to deliver your documents to Mr. Luxton if you are a recipient of the Luxton Scholarship Group. Remember to include a "Thank You" note addressed to the attention of each of your supporting benefactors. Mr. Luxton will review and forward these notes on your behalf to your sponsor(s).

Scholarship Recipient Information

MAJOR: _____ GPA: _____

Student (your) Name: _____ Date: _____

College or University attending: _____ College ID# _____

College Add _____ City _____ ST _____ ZIP _____

Student Cell Phone _____ Student Email _____

Parent/Guardian Name _____ Cell Phone _____

Please List Scholarship(s) & Amount(s) Requested below:

Scholarship Name	\$ Amount

BUSINESS OFFICE USE ONLY

Scholarship Code	Amount

Ck# _____ Total \$ _____

PA# _____ Initials _____

Approved by _____

FALL SPRING YR20 _____ Total \$ _____

The information I have provided, and documents I have presented, are true and correct to the best of my knowledge. I understand and agree that knowingly presenting false statements and/or documentation could result in forfeiture of my scholarship(s).

Student Signature _____

Ck Rec'd By: _____

DISTRICT CONTACT LIST

➤ **LEAKEY ISD BUSINESS OFFICE**

BusinessOffice@leakeyisd.net

P.O. BOX 1129

LEAKEY, TEXAS 78873

(830) 232-5595 - Main Office

(830) 232-5535 - Fax

➤ ***Katherine Antes, Business Manager***

businessoffice@leakeyisd.net

(830) 232-5595 x 2106

➤ ***Mary Canales, Accounting Officer/Scholarships***

businessoffice@leakeyisd.net

(830) 232- 5595 x 2103

➤ ***Lori Battaglia, Counselor***

LBattaglia@leakeyisd.net

(830) 232-5595

➤ ***Tracy Davis, College Career & Military Readiness-CCMR***

tdavis@leakeyisd.net

(830) 232-5595

DONOR CONTACT LIST

➤ **Mr. Jesse Luxton**

luxton@hctc.net

P.O. Box 529

Leakey, Texas 78873

(830) 232-5790

(830) 591-8908 Cell