

Central Minnesota Dairy Profit Scholarship Request for Payment



Central Lakes College
 Attn: Business Office
 501 West College Drive
 Brainerd, MN, 56401
 Phone: 218-855-8029 Fax: 218-855-8230

1.) Student Information

Student Name: _____ Soc.Sec. # _____
 Address: _____

 _____ Phone #: _____

2.) Funding Organization/Agency Information

Business Name: Dairy Profit Team/Minnesota Dairy Initiative
 Contact Name: _____
 Billing Address: _____

 Phone Number: _____ E-Mail: _____
 Federal ID# _____ State ID# _____
 Authorized Signature: _____ Date: _____

3.) Funding Information

Dates/Term Covered by Funding:

 Should student grants be applied PRIOR
 to your agency funding?
 YES NO N/A

If authorizing 100%, please check appropriate box:	OR	Specify dollar amount below:
Tuition & Fees	<input type="checkbox"/>	<input type="text"/>
Required Books & Materials	<input type="checkbox"/>	\$ <input type="text"/>
School Supplies	<input type="checkbox"/>	\$ <input type="text"/>
Continuing Education	<input type="checkbox"/>	\$ <input type="text"/>
Other:	<input type="checkbox"/>	\$ <input type="text"/>

DATA PRIVACY NOTICE: Central Lakes College is asking you to provide information that includes private and/or confidential information under state and federal law. The college is asking for this information in order to process your funding.

Unless you consent to further release of private information, access to this information will be limited to business office officials. Under certain circumstances, federal and state laws authorize release of private information without your consent:

- to federal, state and local officials for purposes of program compliance, audit or evaluation
- if the information is sought with a subpoena or court order
- if otherwise permitted by other state or federal laws

PLEASE NOTE: In accordance with MN Statute §270, subd. 3, "every person, organization, or corporation doing business with the state of Minnesota or any of its departments, agencies or educational institutions...shall provide that agency with either their social security number, federal taxpayer identification number or Minnesota tax identification number."

An affirmative action, equal opportunity employer and educator. This document is available in alternative formats upon request, by contacting Disability Services disabilityservices@clcmn.edu or 218-855-8175. TTY users may call MN Relay Service at 7-1-1 or 1-800-627-3529.