



# *Miss Teen Promise Scholarship Competition*

P.O. Box 192441, Little Rock, AR 72219  
(501) 353-0009

## **SCHOLARSHIP RECIPIENT**

### **2<sup>nd</sup> Semester and Beyond- ACADEMIC REPORT & INVOICE FORM**

#### **Rules & Regulations**

Congratulations on being selected as a “Miss Teen Promise Scholarship” recipient. Teen Promise Incorporated is proud to assist you in seeking higher education. After all, we are an organization that believes wholeheartedly that knowledge plus action is very powerful and is most definitely two keys toward success.

As you are aware, your scholarship will be paid directly to the school of which you are enrolled. All scholarships are paid twice a year to an accredited institution of higher learning (college/university) at the beginning of each semester (i.e., Spring and Fall semester); however, it is your responsibility to submit the required paperwork for payment. Scholarship invoices are processed and disbursed within a two- week period after all required paperwork is received.

Scholarships are paid in \$200 dollar increments per semester. Scholarships amounting to less than \$500 will be divided equally over a two semester period.

As you are aware, scholarship recipients must maintain a 2.89 grade point average the first semester in order to receive further scholarship assistance. After the first semester, scholarship recipients must continue throughout their academic career to maintain at least a 3.00 grade point average for the duration of the scholarship. If for some reason the required grade point average is not maintained, scholarship recipients may submit an invoice for scholarship payment when the grade point requirement is achieved. A “Miss Teen Promise Scholarship” is valid for a maximum period of 3 years from date of school enrollment. All funds that are not disbursed within a 3-year period will remain the property of the “Miss Teen Promise Inc. Scholarship Fund.” For scholarship recipients whose educational career is deemed less than 3- years by the school’s registrar’s office the scholarship will be divided equally among the semesters of enrollment pending written documentation by the registrar’s office.

#### **SCHOLARSHIP RECIPIENT’S RESPONSIBILITY**

As a scholarship recipient of the “Miss Teen Promise Scholarship” program, scholarship recipients must comply with the following:

- Maintain enrollment in an institution of higher learning;
- Provide proof of enrollment (i.e., **letter of acceptance and copy of class schedule**) to Teen Promise Inc. sponsor of the Miss Teen Promise Scholarship Competition;
- Complete all portions of the “Official Academic Report/Invoice Form and Academic Report Form” submit the forms and a current transcript.

You are being provided with two (2) copies of this form. Please keep one copy in your file to make additional copies and the other copy to submit for your first scholarship payment.

Teen Promise Incorporated and the “Miss Teen Promise Scholarship Competition” wishes you a very educational, inspirational, motivational and successful time as you pursue academic excellence.

*“Taking Females Out of the Shadows of Promise into the Spotlight of Success”*



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## OFFICIAL SCHOLARSHIP REPORT/ INVOICE-Section A

### **SCHOLARSHIP RECIPIENT:** *(Please print or type)*

NAME: \_\_\_\_\_ GPA: \_\_\_\_\_  
SCHOOL ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PHONE: \_\_\_\_\_ MESSAGE: \_\_\_\_\_ Email: \_\_\_\_\_

### **SCHOOL REGISTRA INFORMATION:** *(Please print or type)*

CONTACT NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_  
SCHOOL ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PHONE: \_\_\_\_\_ MESSAGE: \_\_\_\_\_ Email: \_\_\_\_\_

I hereby certify that \_\_\_\_\_ is enrolled and is a student in good standing with a minimum 3.00 grade point average.

Registrar's Signature: \_\_\_\_\_ Date: \_\_\_\_\_ Seal: \_\_\_\_\_

### **SCHOOL ACCOUNTING INFORMATION:** *(Please print or type)*

Please send scholarship payment to the following:

CONTACT NAME: \_\_\_\_\_ TITLE: \_\_\_\_\_  
SCHOOL ADDRESS: \_\_\_\_\_  
CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP: \_\_\_\_\_  
PHONE: \_\_\_\_\_ MESSAGE: \_\_\_\_\_ Email: \_\_\_\_\_

### **SCHOLARSHIP RECIPIENT CERTIFICATION:**

**For your invoice to be accepted you must sign below that you understand and agree to the following:**

I hereby certify that I am a student enrolled at \_\_\_\_\_. I further certify that the information contained in the official "Miss Teen Promise Report/Invoice Form" is true and accurate, and I have enclosed all necessary attachments including a current transcript.

Participant's Signature: \_\_\_\_\_ Date: \_\_\_\_\_