

PTAA - Teddy Zubrinski Scholarship Award Recipient Form

This form is to be completed by the award recipient and returned to PTAA@ETAL.URLEDU for record. Please type, or print clearly.

1.) PTAA Union Member information:

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

2.) Dependent:

Name: _____

Relation to member: _____

Student ID _____

3.) Receiving Institution: _____

Check one: ___ Full time Univ. of R.I. student

 ___ Full time student elsewhere

 ___ Other than above

4.) Check list (for Union use only):

___ W9 obtained and completed.

___ URI Foundation Request for Payment form obtained and completed. (This form must be completed no matter the receiving institution.)