



MOScholars Empowerment Scholarship Accounts Withdrawal Form

Parent/Guardian First Name

Parent/Guardian Last Name

Parent/Guardian Email

Student First Name

Student Last Name

Date of Birth

Student Social Security Number

Residential Street Address

City

State

5-digit Zip Code

Reason for Withdrawal:

I do hereby withdraw my child from the MOScholars program and authorize my student's MOScholars account shall be dissolved. I understand my student and I continue to be subject to the terms and conditions of the program during any term in which tuition or other expenses were paid using scholarship grant funds.

Digital Signature

Do you consent to signing this document electronically?

Yes

No

<input type="text"/>	<input type="text"/>
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Parent/Guardian Signature

Date