



## Classified Employee of the Year Payment Request

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*Scholarship will be paid in full and sent directly to MCC. You must be enrolled in order to request funds. Please complete this form and send with a copy of your bill to the ISD Foundation.*

**Classified Employee of the Year**

**\$500**

**Name** \_\_\_\_\_

**Home address** \_\_\_\_\_

**Home Phone** \_\_\_\_\_ **Cell Phone** \_\_\_\_\_

**Email** \_\_\_\_\_

**School name and address of the office where check should be sent:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**College Student ID # :** \_\_\_\_\_

*Mail this form to:* ISD Foundation  
201 N. Forest Ave.  
Independence, MO 64050

Phone: (816) 521-5300 ext. 10049  
Fax: (816) 521-5667  
Email: [debra\\_dunshee@idschools.org](mailto:debra_dunshee@idschools.org)

*Please allow two weeks to process this request.*