

EXIT FORM

Name: _____ SOCIAL SECURITY NUMBER: _____

PROGRAM CITY: _____ DATE: _____

Student Address

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Cell Phone: _____

Parent Address

Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Cell Phone: _____

Please read and sign below:

Scholarship money will be sent to the student address I have listed above. I recognize that if the scholarship address changes before the semester/summer program closes, it is my responsibility to change the address to the new one. *If changes have not been made, it is my responsibility, NOT SCC/FHES, to retrieve commission and scholarship.*

School Mailing Address:

School Name: _____

Attention: _____

Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____

Additional Process Information:

Student's Signature

Leader's Signature

FOR OFFICE USE ONLY

Total Sales: _____

Income

Commission: _____

Total Deductions: _____

Total Check: _____

Check Number: _____

Deductions

Cash Advance: _____

5% Allowance: _____

Program Fee 06: _____

Miscellaneous: _____