



**LEAF SCHOLARSHIP
ACCOUNTABILITY FORM**

Distributed Date: _____

Recipient's Name: _____

Address: _____

Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____

Evening Phone: _____

College Attending: _____

College Student Number: _____

Scholarship: _____ **Scholarship Duration:** _____
Amount per year: \$ _____

Receipts Attached:

Item	Amount
	\$.
	.
	.
	.
	.
	.
	.
	.
	.
	.
Total	\$.

This form must be filled out completely. All receipts and a personal statement explaining how the scholarship monies impacted your educational pursuits must be attached to this form.

**Forward Form to: LEAF Office
Room 152
2901 Wabash Road
Lansing, MI 48910
Phone: (517) 887-1175
Fax: (517) 755-3179**