

1. Trust Identification

Trust ID		Trust Name		
Beneficiary Name				
Beneficiary Phone		Beneficiary Email		
Beneficiary Address		City	State	Zip
Name of School				
School Address		City	State	Zip

2. GPA Qualification

<p>Is This Your First Semester In A School Of Higher Education?</p> <p>Yes <input type="checkbox"/> No <input type="checkbox"/></p>	<p>If this is not your first semester attach a transcript or letter from the registrar's office evidencing that your cumulative GPA is 2.0 or higher.</p> <p>Transcript or Registrar's letter Attached Yes <input type="checkbox"/> No <input type="checkbox"/></p>
<p>Date of Semester</p> <p>Start ____/____/____ End ____/____/____</p>	

3. Payment Address (Address payment shall be mailed to if different than above.)

Name		
Address		
City	State	Zip

4. Distribution Fee Options (Choose one)

<input type="checkbox"/> Deduct the \$75.00 distribution fee from the trust.	<input type="checkbox"/> Attached is a check in the amount of \$75.00 made payable to KissTrust.
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5. School Expenses

Type of Expense Tuition <input type="checkbox"/> Books <input type="checkbox"/> Other <input type="checkbox"/> Room <input type="checkbox"/> Board <input type="checkbox"/>	Bill/Receipt Attached Yes <input type="checkbox"/> No <input type="checkbox"/>	Amount
Type of Expense Tuition <input type="checkbox"/> Books <input type="checkbox"/> Other <input type="checkbox"/> Room <input type="checkbox"/> Board <input type="checkbox"/>	Bill/Receipt Attached Yes <input type="checkbox"/> No <input type="checkbox"/>	Amount
Type of Expense Tuition <input type="checkbox"/> Books <input type="checkbox"/> Other <input type="checkbox"/> Room <input type="checkbox"/> Board <input type="checkbox"/>	Bill/Receipt Attached Yes <input type="checkbox"/> No <input type="checkbox"/>	Amount
Type of Expense Tuition <input type="checkbox"/> Books <input type="checkbox"/> Other <input type="checkbox"/> Room <input type="checkbox"/> Board <input type="checkbox"/>	Bill/Receipt Attached Yes <input type="checkbox"/> No <input type="checkbox"/>	Amount
Type of Expense Tuition <input type="checkbox"/> Books <input type="checkbox"/> Other <input type="checkbox"/> Room <input type="checkbox"/> Board <input type="checkbox"/>	Bill/Receipt Attached Yes <input type="checkbox"/> No <input type="checkbox"/>	Amount
Type of Expense Tuition <input type="checkbox"/> Books <input type="checkbox"/> Other <input type="checkbox"/> Room <input type="checkbox"/> Board <input type="checkbox"/>	Bill/Receipt Attached Yes <input type="checkbox"/> No <input type="checkbox"/>	Amount
Grand Total \$ _____		
For internal use only Amount Approved \$ _____		

I hereby certify that for the period shown above, the expenses have resulted from the enrollment in an accreted College or Post-Secondary school of higher education as defined by the Internal Revenue Service Code Publication 970 or successor publication for the purposes of education for the above named beneficiary.

Signature _____ **Date** _____

Notice: Failure to attach a receipt, bill or statement will delay the processing of your request. Copyright© KissTrust, VBT, 2010