



MOScholars Empowerment Scholarship Accounts Withdrawal Form

Complete the fields below, sign, and submit to the student's Educational Assistance Organization to withdraw from the MOScholars program.

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 (Select one):

- Student transferred to an ineligible public school
- Student transferred to a nonparticipating private or home school
- Student Is moving/has moved out of state
- Issue with MOScholars program
- Other

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

Parent/Guardian Signature

Date