

Scholarship Payment Form
Center for Scholarship Administration (CSA)
PO Box 1465 * Taylors, SC 29687
Phone: 1-866-608-0001 - Fax: 1-864-268-7160 - Email:

Use this form to request payment of scholarship funds. The student completes Part 1 of the form and then submits it to their school Registrar's Office for completion. The completed form should be sent to the Center for Scholarship Administration at the address shown above. The student is responsible for ensuring the timely submission of the form.

To allow enough time to process the request, the Center for Scholarship Administration should receive the form **at least ten business days before payment is due to the school**. Any late payment penalties imposed by the school for failure to make a timely payment of tuition and fees are the responsibility of the student. If the Scholarship Payment Form was not submitted on time, the Center for Scholarship Administration and Wells Fargo Bank are not responsible for the late payment of fees or any late payment penalties that the school may impose.

Part I – Student information (to be completed by the student)-Please print legibly.

Student name (First,Middle,Last) _____
Student permanent address _____
City, State, Zip _____
Student ID (if assigned by college) _____
Student email address _____
Student alternate email address _____
Scholarship Program Name _____
Anticipated year of graduation _____
Current classification (FR, SO, JR, SR, GR) _____
Student's signature _____
Date _____/_____/_____

Part II – Registrar (to be completed by the School Registrar)

The student named above is currently ____ pre-registered / ____ enrolled as a:
____ Full time student/ ____ Part time student for the ____ academic year
____ Fall ____ Winter ____ Spring ____ Summer Semester

Scholarship payments should be paid to:

Name of school _____
Specify office for mailing check _____
Mailing address _____
City, State, Zip _____
Student's identifying information to be included with payment
(e.g., student ID) _____
Verification information provided by _____
Signature of person verifying information _____
Title of person verifying information _____
Email address of person verifying information _____
Phone number (_____) _____
Fax number (_____) _____
Date of verification _____/_____/_____
Payment due date _____/_____/_____