Use this form to request payment of scholarship funds. The student completes Part I 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 ___/___/_____