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 __/____/____