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 __/__/____