Scholarship Payment Form
Center for Scholarship Administration (CSA)
4320 Wade Hampton Boulevard, Suite G * Taylors, SC 29687
Phone: 1-866-608-0001 * Fax: 1-864-268-7160

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 ____/____/_____