

BUTLER SCHOLARSHIP
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 **no later than three weeks following notification of the award** and **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 ID# (if assigned by college) _____
Student email address _____
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)

Enrollment Verification

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 _____
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 ____/____/____