

Scholarship Payment Form

Center for Scholarship Administration (CSA)
PO Box 1465, 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 I of the form and then submits it to their school Registrar's Office for completion of Part II. 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)

Student name (First, Middle, Last)

Student permanent address

City, State, Zip

Student ID (if assigned by college)

Anticipated year of graduation

Current classification (list)

Student email address

Student alternate email address

Scholarship program name

Student's signature

Date (MM/DD/YYYY)

Part II: Registrar (to be completed by the school registrar)

Enrollment

The student named above is currently:

☐ Pre-registered ☐ Enrolled

Enrollment status:

☐ Full time student ☐ Part time student

Academic year (for example, 2026-2027)

Semester:

☐ Fall ☐ Winter ☐ Spring ☐ Summer

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 (for example, student ID)

Verification

Verification information provided by

Title of person verifying information

Email address of person verifying information

Phone number, area code

Phone number

Fax number, area code

Fax number

Signature of person verifying information

Date of verification (MM/DD/YYYY)

Payment due date (MM/DD/YYYY)