Scholarship Payment Form

Center for Scholarship Administration (CSA)
PO Box 1465 * Taylors, SC 29687
Phone: 1-866-608-0001 - Fax: 1-864-268-7160 - Email:

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

Student's signature:

Date:

Part II – Registrar (to be completed by the School Registrar)

The student named above is currently:

❑ Pre-registered ❑ Enrolled

Enrollment status:

❑ Full time student ❑ Part time student

Academic year:

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 (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, area code:

Phone number:

Fax number, area code:

Fax number:

Date of verification:

Payment due date: