CENTER FOR SCHOLARSHIP ADMINISTRATION
4320 Wade Hampton Boulevard, Suite G ♦ Taylors, SC 29687
Phone: 1-866-608-0001 ♦ Fax: 1-864-268-7160

PAYMENT FORM

As the recipient of a scholarship administered by the Center for Scholarship Administration I am requesting that the college provide verification of my enrollment for the current term.

STUDENT MUST *COMPLETE* AND SIGN PART I:

PART I – STUDENT (print legibly)

Student's Name_____
FN MI LN

Student ID# (if assigned by college) _____ Student Email:_____

Name of Scholarship_____

Anticipated year of graduation _____Current Classification (FR, SO, JR, SR, GR)_____

Student's Signature_____ Date ____/_____/_____

NOTE: You must submit a completed Payment Form no later OCTOBER 1, 2019. It is the student's responsibility to ensure the college completes and submits the form prior to the deadline dates. Forms received after the deadline date will not be honored. No payments will be made after OCTOBER 1, 2019.

REGISTRAR MUST *COMPLETE* AND SIGN PART II:

PART II – REGISTRAR (print legibly) Must Be completed by your school.

CHECK EITHER A **OR** B; ***AND*** C:

NOTE: Please complete the portion below and mail **OR** fax to the information above.

A: I certify that the above named student is **pre-registered** for the term listed below.
___Fall ___ Winter ___ Spring ___ Summer Year _____
(i.e.,if the request is for the 2019-2020 academic year, please check the term and write in 19-20 beside year)

OR

B: I certify that the above named student is **enrolled** for the term listed below.
___Fall ___ Winter ___ Spring ___ Summer Year _____
(i.e., if the request is for 2019-2020 academic year, please check the term and write in 19-20 beside year)

C: I certify that this student is either preregistered or enrolled as a:
_____Part time or _____Full Time Student

Please issue a check payable to:

Name of College _____

Specify Office for mailing payment_____

Mailing Address_____

City, State, Zip_____

Name of Person verifying information _____ Date of verification_____

Signature of Person verifying information _____Email Address_____

Phone Number (_____) _____ Fax Number (_____) _____

Date Payment Due_____/_____/_____