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 permanent address ____________________________________________________

City, State, Zip ______________________________________________________________

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 __________________________________________________________

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 _____/_____/_______