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 Address:

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 is 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, SO, JR, SR, GR) _____

Student`s signature _____

Date ____/_____/_____

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

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 _____/_____/_____