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 AN	D SIGN PART I	:
PART I – STUDENT (print legibly)		
Student's NameFN		
FN	MI	LN
Student ID# (if assigned by college)	Student	Email:
Name of Scholarship:		
Anticipated year of College graduation	Current Classificatio	on (FR, SO, JR, SR)
Student's Signature		Date/
NOTE: You must submit a completed the student's responsibility to ensure the deadline dates. Forms received after the made after OCTOBER 1, 2023. REGISTRAR MUST COMPLETE	the college comple e deadline date will	tes and submits the form prior to the last of the last
PART II – REGISTRAR (print legibly) Must		
<u>CHECK I</u>	EITHER A OR B;	AND C:
NOTE: Please complete the portion below and i		
A: I certify that the above named student isFall Winter f		
(i.e.,if the request is for the 2023-2024 acade		
B: I certify that the above nar		
Fall Winter Fall (i.e., if the request is for 2023-2024 academ		Year Y
C: I certify that this student is either prer	• •	•
Part time O		Full Time Student
Plasca	issue a check payab	ile 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//		