Center For Scholarship Administration
Scholarship Payment Form

Center for Scholarship Administration (CSA)
4320 Wade Hampton Boulevard, Suite G ♦ Taylors, SC 29687
Phone: 1-866-608-0001 ♦ Fax: 1-864-268-7160

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 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 __________________________________________________________
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 _____/_____/_______