

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 College graduation \_\_\_\_\_ Current Classification (FR, SO, JR, SR) \_\_\_\_\_

Student's Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**NOTE: You must submit a completed Payment Form no later than OCTOBER 1, 2022. 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, 2022.**

**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 2022-2023 academic year, please check the term and write in 22-23 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 2022-2023 academic year, please check the term and write in 22-23 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 \_\_\_\_/\_\_\_\_/\_\_\_\_