



Scholarship Payment Request Form

Please attach a copy of your tuition bill to this request

Student must complete and sign Part I

Part I – Student Information

Name: _____

Address: _____

City, State, Zip: _____

Phone: _____

Email Address: _____

Student ID: _____

Student's Signature _____ Date ____/____/____

Registrar must complete and sign Part II

Part II – Registrar Information

I certify that the above named student is enrolled as a full time student for the ____ **Fall (or)** ____ **Spring term.**

Registrar's signature _____ Date ____/____/____ Printed

name of Registrar _____

Please issue check payable to:

Name of College: _____

Attn/Department: _____

Address: _____

City, State, Zip: _____

Phone/Fax: _____

Return form to:

**Horvat Scholarship Fund
Email to:
kristin.coggins@truist.com**