

## Virginia Cooperative Extension





## Virginia 4-H Foundation Scholarship Payment Request

(Student recipient should complete top portion of form and send entire form to his or her educational institution; Official from educational institution will then fax or mail completed form to address below, and Virginia Tech Foundation will pay institution directly.)

To Whom It May Concern.

| 10 1111011111                            | i way concern,  |                                    |                                       |  |
|--|---|------------------------------------|---------------------------------------|--|
| I have been<br>to:                       | awarded a Virginia 4-H Foundatio State 4-H Office   | n Scholarship. Please complete the | e lower portion of this form and send |  |
|  | Attn: Virginia 4-H Foundation<br>107 Hutcheson Hall (0419)<br>Blacksburg, VA 24061<br>Tel: 540-231-3360 |                                    |                                       |  |
|  |   |                                    |                                       |  |
| Student Recipient's Name (please print): |   |                                    | Birthdate:                            |  |
| Scholarship Name:                        |   | Scholarship Am                     | Scholarship Amount:                   |  |
| Student's H                              | ome Address:  |                                    |                                       |  |
| Phone Number: ()                         |   | Email:                             |                                       |  |
| (Student Recipient's Signature)          |   | (Date)                             |                                       |  |
|  | pleted by Educational Institution   |                                    |                                       |  |
| Student ID/Account Number:               |   | Institution EIN/Tax ID             | :                                     |  |
| Make check                               | c payable to (institution name):  |                                    |                                       |  |
| Attention (i                             | nstitution official):   |                                    |                                       |  |
| Address:                                 |   |                                    |                                       |  |
| Enrolled for (term dates):               |   | Tuitior                            | Tuition Amount (\$):                  |  |
| (Official's S                            | ignature)   | (Title)                            | (Date)                                |  |

Phone Number: (\_\_\_\_\_) \_\_\_\_ Fax Number: (\_\_\_\_\_) \_\_\_\_