

**SCHOLARSHIP PAYMENT REQUEST FORM**

The student recipient should complete the top portion of form and submit the entire form to his or her educational institution. An official from the educational institution will then fax or mail the entire completed form to the address below. SFVA will pay the institution directly.



To Whom It May Concern:

I have been awarded a scholarship by the State Fair of Virginia. Payment will be directly paid to the educational institution. Please complete the lower portion of this form and mail, fax or email to:

Scholarship Fund - State Fair of Virginia  
PO Box 130  
Doswell, VA 23047 Fax: 804.994.2927  
[edu@statefairva.org](mailto:edu@statefairva.org)

**(To be completed by Student Scholarship Recipient)**

Student Recipient's Name (please print): \_\_\_\_\_

Student's College ID Number: \_\_\_\_\_

Student's Birthday: \_\_\_\_\_

Student's Home Address: \_\_\_\_\_

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

Email address: \_\_\_\_\_

Amount requested (up to the maximum amount in student account): \$ \_\_\_\_\_

\_\_\_\_\_  
(Student Recipient's Signature)

\_\_\_\_\_  
(Date)

**(To be completed by Educational Institution Official when student is enrolled)**

Make check payable to (institution name): \_\_\_\_\_

Attention (institution official): \_\_\_\_\_

Address: \_\_\_\_\_

Enrolled for (term dates): \_\_\_\_\_

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

Email address: \_\_\_\_\_

\_\_\_\_\_  
(Official's Signature)

\_\_\_\_\_  
(Title)

\_\_\_\_\_  
(Date)