Virginia AGvocates Scholarship
PAYMENT REQUEST FORM

(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,

I have been awarded a Virginia AGvocates Scholarship. Please complete the lower portion of this form and send or fax to: State 4-H Office
Virginia AGvocates Scholarship, 107 Hutcheson Hall (0419), Blacksburg, VA 24061
Tel: 540-231-3360 Fax: 540-231-0762

(To be completed by Student Scholarship Recipient)

Student Recipient’s Name (please print): ____________________________________________

Student’s Birthdate: __________________________ Scholarship Amount Requested: __________

(Student Recipient’s Signature) (Date)

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

Student ID/Account Number: __________________________ Institution EIN/Tax ID: __________________________

Make check payable to (institution name): ________________________________________________

Attention (institution official): __________________________________________________________

Address: __________________________________________________________

Enrolled for (term dates): __________________________ Tuition Amount ($) : __________________________

(Official’s Signature) (Title) (Date)

Phone Number: (_____) __________________________ Fax Number: (_____) __________________________

Email: __________________________________________