

FARM CREDIT ASSOCIATIONS/REGIONS BANK 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 Farm Credit Associations/Regions Bank Scholarship. Please complete the lower portion of this form and send or fax to: State 4-H Office

FCRB 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: _____
(Amount of scholarship balance to be applied to this request if less than the full scholarship balance.)

Student's Home Address: _____

Phone Number: (_____) _____ Email: _____

(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: _____