

Western Carolina University Outside Scholarship Payment Form

Please type the requested information into this form, print, and mail with scholarship payment.

Organization _____ Contact _____ Email _____ Phone _____	Street _____ City _____ State _____ Zip _____
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Scholarship Name _____

Enrollment Requirement (Full-Time, Part-Time, None) _____

Scholarship Recipient Information

Student ID (920#)	Student Name	Enclosed Payment Amount	Term*

*Payment amount will automatically be split