



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 SFVA will pay institution directly.)

To Whom It May Concern,

I have been awarded a scholarship by the State Fair of Virginia. Please complete the lower portion of this form and send or fax to:

Scholarship Fund
State Fair of Virginia
PO Box 130
Doswell, VA 23047
Fax: 804.477.8211

(To be completed by Student Scholarship Recipient)

Student Recipient's Name (please print): _____

Student's Birthday: _____

Student's Home Address: _____

Phone Number: (_____) _____ Email: _____

(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): _____ Tuition Amount (\$): _____

(Official's Signature)

(Title)

(Date)

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

Email: _____