



**SCHOLARSHIP PAYMENT REQUEST**

*(Student recipient should complete top portion of form and send entire form to his or her educational institution.)*

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  
P.O. Box 26805  
Richmond, VA 23261-6805  
FAX: (804) 569.3251

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*(To be completed by Student Recipient)*

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

Student's Social Security Number \_\_\_\_\_

Address \_\_\_\_\_

Phone Number (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_

\_\_\_\_\_  
Student Recipient's Signature

\_\_\_\_\_  
Date

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*(To be completed by College or University Official when student is enrolled)*

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

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

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Enrolled for (term dates) \_\_\_\_\_ Tuition Amount (\$) \_\_\_\_\_

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

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

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

Phone No. (\_\_\_\_\_) \_\_\_\_\_ Fax No. (\_\_\_\_\_) \_\_\_\_\_ Email \_\_\_\_\_