

## Western Carolina University Outside Scholarship Payment Form

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

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

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 between fall and spring terms. If the payment amount is to be applied to one term only, please indicate in this column - 'fall only' or 'spring only'.

Please make checks payable to **Western Carolina University**. If possible, please include student ID (920#) on the check. Send payments to:

Western Carolina University  
University Scholarships Office  
1 University Drive  
Cullowhee, NC 28723