



SCHOLARSHIP PAYMENT REQUEST FORM

(The student recipient should complete the top portion of form and submit the entire form to his or her educational institution. An official from the educational institution will then fax or mail the entire completed form to the address below. SFVA will pay the 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 mail or fax to:

Scholarship Fund
State Fair of Virginia
PO Box 130
Doswell, VA 23047
Fax: 804.994.2927

(To be completed by Student Scholarship Recipient)

Student Recipient's Name (please print): _____

Student's College ID Number: _____

Student's Birthday: _____

Student's Home Address: _____

Phone Number: (_____) _____

Email address: _____

Amount requested (up to the maximum amount in student account): \$ _____

(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): _____

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

Email address: _____

(Official's Signature) (Title) (Date)

Please submit Page 1 and 2 of the document to the State Fair of Virginia.