



Scholarship Payment Request

Student recipient should complete this form and return to EVSC Foundation **no later than June 10, 2022.**

Student Recipient's Name (please print): _____

Student's Last 4 Digits of Social Security Number: _____

Address: _____

Phone Number: _____ Email: _____

Scholarship Name: _____

Postsecondary School: _____

Attention to: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Enrolled for (term dates): _____

Student ID at the school: _____

Student Recipient's Signature

Date

I verify the above information is correct and this is the postsecondary institution I am attending

Please email completed form to info@evscfoundation.org or mail to:

EVSC Foundation

Attn: Scholarships

951 Walnut Street

Evansville, IN 47713