



COLUMBIA PUBLIC SCHOOLS

Scholarship / Memorial Payment Request

Date: _____

Scholarship or
Memorial Name: _____

Recipient Name: _____

Home Address: _____

School or Department: _____

School Contact Name: _____ Tel. No.: _____

Award Amount: \$ _____ Date Award Check is Needed: _____

Account code (key) to be charged: _____ Object: 6398

Issue Check To: _____
(Check will be sent to school contact name listed above)

College/University
Recipient is Attending: _____

Additional Information: _____

If this scholarship is not required for educational purposes, then it is taxable to the recipient.

Approval/Principal Signature

For Business Office Use Only

Invoice #: SCHLRSHP _____

PEID/Vendor #: _____

Business Office

Approval: _____