



## 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 #: \_\_\_\_\_

PEID/Vendor #: \_\_\_\_\_

Business Office  
Approval: \_\_\_\_\_