

**Project GRAD Akron
Scholarship Payment Request Form**

Name _____ Buchtel Graduating Class Year _____

Student's Home Address _____

City: _____ State: _____ Zip Code: _____

Home Phone No. _____ Cell Phone No. _____

Email: _____

Name of College: _____

Student's College ID #: _____

Student's School Address: _____

City: _____ State: _____ Zip Code: _____

Term for Payment Request: _____ Fall _____ Winter _____ Spring _____ Summer

To process your Project GRAD Akron scholarship payment please note that the following items are required: (Please check items that are **included** with your Scholarship Payment Request)

- ___ Invoice from the College or University
- ___ Current Class Schedule (Including total # of credit hours enrolled for current term)
- ___ Cumulative Grade Point Average (gpa)
- ___ Number of hours/credits completed last term/quarter

Direct Payments: If you do **NOT** have an invoice balance or do **NOT** owe the University or College, you may request that your scholarship payment be made directly to you. However, you must abide by the Direct Payment Guidelines. Please note, the zero balance should not include loans.

Do you Request Direct Payment: Yes ___ or No ___

If "Yes," and Project GRAD Akron makes a determination that a Direct Payment will be sent to you, please provide us the address for the direct payment:

Address: _____

City: _____ State: _____ ZipCode: _____

Please submit information:

Mail: Project GRAD Akron, 10 N. Main Street, Suite 503, Akron, OH 44308-1958

Fax: 330-761-3246; **Email:** info@projectgradakron.org

Should you have any questions or desire any additional information please feel free to contact our office at telephone: 330-761-3113 or via email at info@projectgradakron.org. Please allow 30 days for processing. A copy of the scholarship payment will be sent to you for your records.

For Internal Use Only:

Date Received: _____ Action Taken: _____

By Whom: _____