



INSTITUTIONAL PAYMENT FORM

SOUTHSIDE CHURCH OF CHRIST
12200 59th Ave S | Seattle, WA 98178
206.725.2780 | www.scocseattle.org

Instructions:

1. Please print clearly the following information.
2. Turn in completed form, with all applicable signatures with scholarship application. If this form is incomplete, inaccurate, or not signed, it may result in delayed fund payment.
2. Please complete one form for each scholarship.
3. Please submit a new form for each semester or as required by scholarship criteria.

Personal Information:

Applicant Name: _____

Home Address: _____

City: _____ State: _____ Zip: _____

Phone: _____ Email: _____

Student ID#: _____

Academic Information:

College: _____

Semester for which application is being made (Term and Year): _____

Credit hours to be taken during semester for which scholarship is awarded: _____

Institution's Financial Aid Office:

Address: _____

City: _____ State: _____ Zip: _____

*I certify that the information herein is true to the best of my knowledge.

Student Signature: _____ **Date:** _____