

# 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