

Change Your World Scholarship Program

Request for Payment Form

To be completed by the student and mailed or faxed to the WISP, Inc. at the address/number below.

Full Name: _____

SS# or Student ID#: _____

Home Address: _____

City: _____

State: _____

Zip: _____

Home Phone: _____

My Address at School: _____

City: _____

State: _____

Zip: _____

My School or Cell Phone: _____

My Email: _____

Expected Year of Graduation: _____

Current Classification: _____

FR SO JR SR GR

Circle One

I have attached the following:

1. My grades for the Fall term
2. My school charges for the Spring/Winter term
3. My financial aid for the Spring/Winter term

Signature

Date

Please issue a check payable to:

Name of College: _____

Specify Office for mailing payment: _____

Mailing Address: _____

City, State Zip: _____

Women's Independence Scholarship Program, Inc.

4900 Randall Parkway, Suite H, Wilmington, NC 28403 ♦ Phone: 910-397-7742 Fax: 910-397-0023