



4-H SCHOLARSHIP PAYMENT REQUEST

Please type or print clearly.

Date: _____

4-H member's name: _____

Permanent address: _____

City/State/Zip: _____ County: _____

Amount of scholarship(s): _____

Name of school attending: _____

Major/concentrated area of study: _____

Phone number: _____ E-mail _____

For Office use only:

Account name: _____

Specific scholarship(s): _____

The following information is required in order to make a check payable to your school and to send to the correct office. If left blank or incorrect address, there will be a delay in processing funds correctly.

Student ID number: _____

Send to the attention of: _____

School address: _____

City/State/Zip: _____

I certify that _____ has successfully completed a
quarter/semester of educational work with a G.P.A of _____ and is currently enrolled for
_____ semester, _____.
(spring, fall, etc.) (year)

Extension Agent (**Print** Name) County

*Attach to this form a copy of member's grade report or transcript **with student name on it**. If student's name is not on the transcript, the request will not be processed. If sending this form with transcript by e-mail, use UT Vault. Go to <https://vault.utk.edu> for information on how to use it. Send to tn4h@utk.edu

Mail completed form to: The University of Tennessee
Tennessee 4-H Youth Development, c/o Scholarship Payment request
2621 Morgan Circle, Room 205
Knoxville, TN 37996-4510