

**NICHOLAS COUNTY COMMUNITY FOUNDATION**  
**Scholarship Payment Form**

In order for the educational institution you will be attending to receive payment of your scholarship, you must complete this form and mail it to the **NICHOLAS COUNTY COMMUNITY FOUNDATION** as soon as possible.

PLEASE TYPE OR PRINT NEATLY

Name \_\_\_\_\_

Social Security # (last four digits only) \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

Student ID # at Program (if applicable) \_\_\_\_\_

Home Address \_\_\_\_\_

Phone Number \_\_\_\_\_

E-Mail \_\_\_\_\_

Name of Scholarship(s) that you were awarded  
\_\_\_\_\_

Name of Program you plan to attend and dates of program  
\_\_\_\_\_

Educational Institution Address (Please tell us the address and office that should receive your scholarship payment) \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Return this form to:**  
Nicholas County Community Foundation  
PO Box 561  
Summersville, WV 26651

If you have any questions, please feel free to call our office at 304 872-0202 or email [NCCFWV@gmail.com](mailto:NCCFWV@gmail.com)