



Scholarship Billing Request Form

If you have been awarded a scholarship, follow the instructions as outlined in your scholarship award letter. Completing this form allows Montclair State University to bill the awarding organization when deemed necessary. This form must be submitted each semester on or before the established payment deadline.

Once the Form and Official award has been received it will appear on the students account as a future credit (memo). This does not mean that the University has received payment. Payment is not guaranteed until funds are actually received by Montclair State University.

To be completed by the student:

Student's Name: _____

First Name, Last Name

Student CWID # _____

Phone: _____

MSU Email Address: _____

I hereby authorize Montclair State University to release any financial information necessary to the foundation below. I am aware that this form must be submitted each semester invoicing is requested. If the scholarship foundation is cancelled for any reason, I understand that I am responsible for all charges due Montclair State University by the payment due date or immediately depending on the time of year.

Student Signature _____

Date: _____

To be completed by the Organization

- **Organizations completing this form for the first time must provide a copy of a [W-9](#) Form. This form will not be accepted without an attached W-9 form.**
- **Do you require excess money be returned to the organization should the student qualify for loans and/or aid?**
Yes _____ No _____

Official Awarding Organization Name

City, State, Zip

Contact Person Name

Contact Person (Phone and Email Address)

Amount of Award

Semester (ex. fall 2012)

Official Scholarship Name

Please send completed form to:

Montclair State University
Office of Student Accounts Attn: Ms. Danisha Goodman
College Hall Room 218
Montclair, NJ 07043
Fax: (973) 655-4421

montclair.edu