



THIRD PARTY PAYMENT REQUEST

PRINT THIS PAGE AND SEND TO:

Financial Aid Office | Williston State College | 1410 University Avenue Williston, ND 58801
701.774.4211 (f) | wsc.financialaid@willistonstate.edu

Student's Name: _____ ID: _____

Third Party Requestor's Name: _____

Third Party Requestor's Phone Number: _____

Third Party Requestor's Address (for billing purposes):

<i>Payment Amount on Student's Account:</i>	
<i>Fall</i>	
<i>Spring</i>	
<i>Summer</i>	

For Financial Aid Office use only:

<i>COA</i>		<i>Additional Aid already applied to student's award screen</i>	
<i>EFC</i>		<i>PELL</i>	
<i>=</i>		<i>Scholarships</i>	
		<i>State Grants</i>	
		<i>State Scholarships</i>	
		<i>Unsubsidized Loans</i>	
		<i>Subsidized Loans</i>	
		<i>Plus Loans</i>	
		<i>Private Loans</i>	
		<i>Total</i>	

<i>Amount eligible to be applied to student's account</i>		<i>SFA Staff:</i> _____
<i>Fall</i>		
<i>Spring</i>		
<i>Summer</i>		<i>Date:</i> _____