

## THIRD PARTY PAYMENT REQUEST

## PRINT THIS PAGE AND SEND TO:

Summer

Financial Aid Office   Williston State College   1410 University Avenue Williston, ND 58801 701.774.4211 (f)   wsc.financialaid@willistonstate.edu							
Student's Name:					I	D:	
Third Party Re	equestor's N	ame:					
Third Party Requestor's Phone Number:							
Third Party Requestor's Address (for billing purposes):							
	Payment Amount on Student's Account:						
	Fall						
			ring				
			Summer				
For Financial Aid Office use only:							
	COA		Additional Aid alrea			dent's award screen	
	EFC		PELL				
	=		Scholarships				
	State Grants						
			State Scholarships				
			Unsubsidized Loans				
			Subsidized Loans				
			Plus Loans				
			P	Private Loans			
				Total			
				Unmet Need			
		nount eligible to be applied to student's account Fall			   SFA Staff:		
	Spring				Data		