

# TRUMAN SCHOLAR PAYMENT REQUEST FORM

**HARRY S. TRUMAN SCHOLARSHIP FOUNDATION (P.L. 93-642)**

712 Jackson Place, NW / Washington, D.C. 20006 ♦ (202) 395-4831 ♦ FAX: (202) 395-6995 ♦ office@truman.gov

1. Name \_\_\_\_\_ 2. Year Elected \_\_\_\_\_ 3. Date Annual Report submitted \_\_\_\_\_  
 4. Payment for Academic Year \_\_\_\_ - \_\_\_\_ (e.g. 2000-2001) 5. Institution \_\_\_\_\_  
 6. Institution operates on:  Semesters  Quarters  Other \_\_\_\_\_ 6a.  Request for Summer 200 \_\_\_\_\_  
 7. Payment Request Number (this year) \_\_\_\_\_ (e.g. 1 of 2, if semesters) 8. Tuition and Fees Due Date \_\_\_\_/\_\_\_\_/\_\_\_\_

**\*Note:**

- First Request of academic year: *You must attach a current transcript or enrollment transcript showing you are enrolled and in good standing at your institution. Also submit the completed **Educational Expenses and Support Form**, and **Direct Deposit/EFT Enrollment & Change Form**.*
- Summer study: *Summer terms begin the academic year and are always the first request (see above). You will need a separate Educational Expenses and Support Form for the summer term. Special programs must be approved by the Executive Secretary.*
- EFT: *You must submit a new EFT form if you have not submitted one or received a payment in the last 12 months, or if your bank account information has changed.*

9. **Current Home Address and Telephone:** \_\_\_\_\_ **9a. Address and Telephone at School:** (if different from home) \_\_\_\_\_

( ) _____	( ) _____

10. E-mail address: \_\_\_\_\_  
 11. **Other Financial Aid:** Initial if you will not receive any aid other than the Truman Scholarship for **THIS TERM** \_\_\_\_\_

Source(s) of Aid for <b>this TERM</b>	Purpose(s) of Award (Choose either designated or undesignated. If designated, specify for tuition, fees, room and board, books, etc. Choose undesignated if the source does not specify how the support is to be used. Loans are non-deductible.)	Amount

12. Expenses for <b>this TERM</b>	Amount	13. Payment Determination	Amount
a. Tuition		a. Total allowable expenses	
b. Fees		b. Total deductible support	
c. Books		c. Expenses eligible for payment	
d. Room and Board		d. Maximum annual payment ( <i>This amount determined on Graduate Study Approval.</i> )	
e. TOTAL (a-d)		e. Previous payments this academic year	
f. Additional expenses		f. Payment request	

14. I certify that the figures given in Item 11 are true amounts paid for **THIS TERM** on my behalf by other organizations, and any differences in payments will be reported immediately to the Truman Scholarship Foundation. I agree to refund the payment to the Truman Scholarship Foundation if I withdraw from school before the end of the term. I certify that the figures given in Items 12 & 13 for **THIS TERM** are correct, and funds received will be utilized for the purposes specified in accordance with the provisions of the Truman Scholarship. I reaffirm my commitment to a career in public service defined as employment in: government, the uniformed services, public interest organizations, non-governmental research and/or educational institutions and non-profit organizations.

Signature of Truman Scholar \_\_\_\_\_ Date \_\_\_\_\_

**FOR FOUNDATION USE ONLY**

Audited by:	Date	Payment Request Number:	Amount Approved: \$
Approved by:	Date	Appropriation: 95-X-8296-410 Document Number: PS	Total Payment for Year: \$