

# THE ARABIAN HORSE FOUNDATION

## - Scholarship Payment Request Form -

Mail to: The Arabian Horse Foundation  
ATTN: Scholarship  
1024 K Street  
Lincoln, NE 68508

**Must include verification of enrollment, date of birth, transcript of grades, and billing invoice from college or university for payment to be processed.**

Please print or type:

Student Name: \_\_\_\_\_

Address (Permanent): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Social Security Number: \_\_\_\_\_ Student ID: \_\_\_\_\_

Date of Birth: \_\_\_\_\_

Email Address: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Approximate date of scholarship award: \_\_\_\_\_

Name of College or University: \_\_\_\_\_

ATTN: \_\_\_\_\_

Address of Financial Aid Office: \_\_\_\_\_

City/State/Zip: \_\_\_\_\_

Signature: \_\_\_\_\_