



THE COMMUNITY FOUNDATION

John J. Morton, M. D. and John H. Morton, M.D. Memorial Scholarship

STUDENT LOAN REPAYMENT FORM

Complete and return this form to the Community Foundation, 500 East Avenue, Rochester NY 14607

*Be sure to include the payment/payoff statement for each lender/account listed below.
It is preferable to include the payment coupon/response form for each account, if available.*

Student Name _____ Scholarship Amount \$ _____

Student Address _____ Phone Number _____

_____ Email _____

Below please indicate the lending institution(s) that you would like to have the scholarship award sent. Be sure to clearly identify the account number and amount to be paid to each lender/account.

Lender 1 _____ Account Number # _____

Address _____ Pay this amount \$ _____

Payment instructions *(include payment coupon or other documentation as needed)*: _____

Lender 2 _____ Account Number # _____

Address _____ Pay this amount \$ _____

Payment instructions *(include payment coupon or other documentation as needed)*: _____

Lender 3 _____ Account Number # _____

Address _____ Pay this amount \$ _____

Payment instructions *(include payment coupon or other documentation as needed)*: _____

I authorize the Community Foundation to make payments as indicated above.

Student Signature _____ Today's Date _____

**Upload this expense report to the Scholarship Documentation Collection Portal
along with copies of your loan payment/invoice documents.**