



# THE COMMUNITY FOUNDATION

Bullis Loan Repayment 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.**