

# 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: \_\_\_\_\_