



## Individual/Sponsor Check Documentation Form

### Scholar Information

Last Name: \_\_\_\_\_

First Name: \_\_\_\_\_

Student ID Number: \_\_\_\_\_

Program/Session Start Date: \_\_\_\_\_

### Payment Information

If sending in multiple checks, please list details for each check separately. If more space is needed, please use the back of the form. Please retain a copy of this form for your records.

Please mail this form with your check(s) to:

CYLC  
Attention: Payment Processing  
1919 Gallows Road  
Suite 700  
Vienna, VA 22182

#### **Check(s):**

Account Holder's Name: \_\_\_\_\_

Check Number: \_\_\_\_\_

Check Amount: \_\_\_\_\_

Account Holder's Name: \_\_\_\_\_

Check Number: \_\_\_\_\_

Check Amount: \_\_\_\_\_

Account Holder's Name: \_\_\_\_\_

Check Number: \_\_\_\_\_

Check Amount: \_\_\_\_\_