

CLINE FAMILY FOUNDATION

The Cline Group
3801 PGA BLVD., STE 903
PALM BEACH GARDENS, FL 33418
Tel: 561-775-9770 Ext 108 Fax: 561-626-4938

PAYMENT FORM

As the recipient of a scholarship offered and administered by the Cline Family Foundation, I am requesting that the college/university provide verification of my enrollment for the current term and to provide the most recent semester's transcript.

STUDENT MUST COMPLETE AND SIGN PART I:

PART I (print legibly)

Students Name _____

Student ID# _____

Name of Scholarship _____

Anticipated year of graduation _____ Current Classification (FR, SO, JR, SR, GR) _____

Students Signature _____ Date _____

COLLEGE MUST COMPLETE AND SIGN PART II:

PART II (print legibly)

NOTE: Please complete the portion below and mail it to the address above OR fax it to 561-626-4938. The check will be issued to the college by the requested date provided that the Cline Family Foundation has received all appropriate documents as requested.

REGISTRAR MUST CHECK EITHER A & C OR B & C:

A: I certify that the above named student is pre-registered for the term listed below.

Fall Winter Spring Summer Year _____

(i.e., if the request is for Fall 2014, please check Fall and write in 2014 beside Year)

B: I certify that the above named student is enrolled for the term listed below.

Fall Winter Spring Summer Year _____

(i.e., if the request is for Fall 2014, please check Fall and write in 2014 beside Year)

C: I certify that this student is either pre-registered or enrolled as a:

_____ Part time or _____ Full Time Student

STUDENT'S GPA

I certify that the above named student has a GPA of _____ for the __Fall __
Winter __ Spring __ Summer of Year _____. The GPA of the student's major in
_____ is _____ for the same period.

Please provide transcript when available.

PLEASE MAKE CHECK PAYABLE TO:

Name of College _____

Specify Office for mailing payment _____

Mailing Address _____

City, State, Zip _____

Name of Person verifying information _____ Date of verification

Signature of Person verifying information _____

Email: _____

Phone Number (____) _____ Fax Number (____) _____

Please provide the latest school transcripts with GPAs and the tuition invoice as an attachment to the form. The school shall mail or fax this form directly to the address listed at the top of the form.