

**University of Virginia - Student Financial Services
Notification of Third Party Payment**

ACADEMIC YEAR _____

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University ID Number

Last Name

First Name

✓	TYPE OF FUNDS PAYING TUITION	AMOUNT PER TERM		AWARDING AGENCY/DEPARTMENT	
		FALL	SPRING	NAME AND ADDRESS	CONTACT AND PHONE #
	Non-University Scholarship <i>(If receiving more than one scholarship, please list others on the second page of this form.)</i>	\$	\$		
	UVA Awarded Scholarship/Fellowship (departmental award)	\$	\$		
	Military Contract (Please include branch of service)	\$	\$		
	State Prepaid Program (Please include state) (Please note: 529 Plans DO NOT qualify for acceptable reason for late payment.)	\$	\$		
	Graduate Teaching/Research Assistant	\$	\$	Not Required	Not Required
	Veterans' Benefits	\$	\$	Not Required	Not Required

Student Signature

Date

REVISED 11/13/03

**MAIL FORM TO :
UNIVERSITY OF VIRGINIA
STUDENT FINANCIAL SERVICES
P.O. BOX 400204
CHARLOTTESVILLE VA 22904-4204**

