



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:

Envision
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: _____