



Reedsburg

AREA MEDICAL CENTER

TUITION SCHOLARSHIP PAYMENT REQUEST

Scholarship recipient, please include a copy of invoice/statement with this payment request form and submit to Human Resources for review/payment. Payment will be issued directly to the post-secondary educational facility for payment towards your account.

I hereby authorize Reedsburg Area Medical Center to submit payment directly to the post-secondary institution listed below for my tuition scholarship agreement.

Name of College: _____

Account Number: _____

Payment Address:

Signature

Date

Director of Human Resources Signature

Date