



## Scholarship Payment Instructions & Request Form

Updated January 2025



***Your check will be mailed directly to the school.***

- You will be issued one \$500 check per semester.
- Fall payment can be issued any time after July 1.
- Spring payment can be issued any time after December 1.
- If your school is not on a standard 2 semester schedule, please contact me and we can discuss your options.

**Required Items:** You are **required** to submit the following 3 items ***together at the same time.*** If any item is missing, your request can not be processed.

1. **Payment Request Form** – Attached
2. **Invoice** – The invoice from your school is the bill showing what is being charged for the semester, what has or has not been paid, and a balance. If you have a zero or credit balance, your school should refund you. **The invoice must include your name and the semester/billing period.**
3. **Grades** – Please make sure that it shows your name and the grading period.
  - High School Grads - send final grades.
  - College students - send prior semester's grades.
  - Non-traditional - grades waived for first semester in program.

**Submission:** Email, mail, or hand deliver your request to the Foundation office, located in the Conference Center of Mon Health Medical Center.

Mon Health Foundation  
Attn: Joanna Wiley  
1200 JD Anderson Drive  
Morgantown, WV 26505  
[Joanna.Wiley@VandaliaHealth.org](mailto:Joanna.Wiley@VandaliaHealth.org)

**Payment:** The check will be made payable to and mailed to your school.

**\*\* Once your request is received, allow a MINIMUM of 2 weeks for your check to be mailed from our accounting department, now located in Charleston, WV.**



Scholarship Payment Request Form  
Updated January 2025

Date: \_\_\_\_\_

Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_

Email: \_\_\_\_\_

Scholarship payment to be applied to:              Fall '25 Semester              Spring '26 Semester

Name of your School: \_\_\_\_\_

**YOUR CHECK WILL BE MAILED DIRECTLY TO THE SCHOOL.**

**WE MUST HAVE A COPY OF YOUR INVOICE AND YOUR STUDENT ID# TO ENSURE PROPER CREDIT.**

**\*\* Once your request is received in the Foundation, allow a MINIMUM of 2 weeks for your check to be mailed from our accounting department.**

Questions? Call Joanna at 304-598-1243; [Joanna.Wiley@VandaliaHealth.org](mailto:Joanna.Wiley@VandaliaHealth.org)

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1200 JD Anderson Drive  
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