



**SAVANNAH STATE UNIVERSITY**  
Scholarship Account Statement Request Form



**Requestor's Information**

Requestor's Name: \_\_\_\_\_ E-mail: \_\_\_\_\_

Organization/Department: \_\_\_\_\_ Telephone #: \_\_\_\_\_

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

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**Scholarship Account Information**

Scholarship Account Name: \_\_\_\_\_

Account #: \_\_\_\_\_ Department: \_\_\_\_\_

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**For Business & Financial Affairs Use ONLY**

Account Statement Processor: \_\_\_\_\_ Date: \_\_\_\_\_

Notes: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**\*\*\* Please be advised that account statement request will be processed and submitted to the requestor within two to three business days.**