



Request for Refund Summer Scholars Program

Please type or print legibly **only the items highlighted in BLUE**. Return the completed and signed form to:

Mrs. Wendy Bernstein
Horry County Schools
Office of Assessment
PO Box 260005
Conway, SC 29528-6005

Or email: wbernstein@horrycountyschools.net





Procurement Office Use Only		
Vendor ID #	Initials	Date

**HORRY COUNTY SCHOOL DISTRICT
VENDOR APPLICATION FORM
SUMMER SCHOLARS REFUND**

FULL LEGAL NAME & ADDRESS:	REMITTANCE ADDRESS (Attach a copy of your check):		
_____	_____		
_____	_____		
_____	_____		
_____	_____		
PHONE:	_____	_____	_____
	_____	_____	_____
→ STUDENT NAME:	_____		
→ CHECK #:	_____	REFUND AMOUNT:	\$ _____
_____	_____	_____	_____
Authorized Signatory	Print Name	Date Completed	