Scholarship Designation Form

Thank you for supporting students at Washington State University. We verify students are enrolled at the time of delivery. If donor requirements are not met or if the student does not enroll with us, scholarship funds will be returned to the donor. You may contact us at 509-335-1891 or univrec.scholarship@wsu.edu if you have any questions. This form is valid for this disbursement only.

Scholarship Name: _____

Name of Student: _____

            Last   First   Middle

Student ID: _____ Date of Birth: _____

Amount: _____

Please check all that apply:

_____ Another check for this student will be sent for this academic year. Term _____ Amount _____

This check should be applied to:

_____ Fall Term Only (August – December)

_____ Spring Term Only (January – May)

_____ Split Equally both Fall <u>and</u> Spring terms (August – May)

_____ Summer Term Only (May–July)

_____ Use at Student's Discretion (Will be split equally for Fall and Spring until student notifies us)

Conditions to release check: *Full-time at WSU is 12 Credits for Undergraduates and 10 Credits for Graduates*

_____ Ok to release check if student is enrolled less than full-time at WSU

_____ Ok to release check if student is enrolled full-time between WSU and another School

_____ ONLY Release check if student is enrolled full-time at WSU

Scholarship Sponsor Information:

Contact Person _____ Signature _____

E-mail Address _____ Phone number (_____) _____ - _____ ext. _____

Address _____

City/State/Zip _____

Checks can be written out to Washington State University. Please mail **both check AND this form together** to:
WSU University Receivables
Attn: Scholarship Desk
PO Box 641039
Pullman, WA 99164-1039

DSS 11/9/09