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 bursar.office@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