



# 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.scholarships@wsu.edu](mailto:bursar.scholarships@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 and 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 Bursar Office  
Attn: Scholarship Desk  
PO Box 641039  
Pullman, WA 99164-1039