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 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 University Receivables
Attn: Scholarship Desk
PO Box 641039
Pullman, WA 99164-1039

DSS 11/9/09