FINANCIAL AID OFFICE

SCHOLARSHIP DONOR FORM

From: ______________________________ Contact Person: ______________________________

Organization/Donor: ________________________________    _____________________________

Street/Mailing Address: ________________________________    City          State               Zip Code

Email Address or Telephone #: ________________________________

Enclosed is a check(s) in the amount of $______________ (total dollar amount of all checks)
for the payment of the ______________________________________Scholarship for the
Academic year ____________for the following student(s):

<table>
<thead>
<tr>
<th>TAMU-CC STUDENT ID</th>
<th>STUDENT NAME</th>
<th>TOTAL PAYMENT</th>
<th>Split</th>
<th>Fall/Spring</th>
<th>Fall Only</th>
<th>Spring Only</th>
<th>SS I</th>
<th>SS II</th>
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**According to University policy, if no individual semester is marked, the payment will be divided equally between the Fall and Spring semesters or Summer Session I and II.

If, at the time of awarding, the student(s) is registered less than full-time (12 hours for undergraduate/ 9 hours for graduate) or in a cooperative education program, may this student receive this scholarship? □ yes  □ no

For questions contact:
Joseph Ruiz
Office of Financial Assistance
361-825-2338

Checks must be made payable to Texas A&M University – Corpus Christi and may be mailed to:
Texas A&M University – Corpus Christi
Financial Aid Office
6300 Ocean Drive, Unit 5772
Corpus Christi, Texas 78412