



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):

Place an X in the appropriate payment box

TAMU-CC STUDENT ID	STUDENT NAME	TOTAL PAYMENT	Split Fall/Spring	Fall Only	Spring Only	SS I	SS II

***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