

Scholarship Payment Form

Student's Name: \_\_\_\_\_ Student's ID number: \_\_\_\_\_

Scholarship donor's name, address, and phone number, and email:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name of Person Completing this form: \_\_\_\_\_

Name/Title of Scholarship: \_\_\_\_\_

Amount of Check: \_\_\_\_\_ Check number: \_\_\_\_\_

Please indicate how the funds should be disbursed:

Fall

Spring

Summer

Split equal between Fall and Spring

Please send this form with the scholarship payment to:

Office of Financial Aid  
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PO Box 6035  
Indianapolis, IN 46206-6035