

SCHOLARSHIP DONOR FORM

FROM:								
	Organization/Donor		Contac	t Person				
-	Street/Mailing Address		* TaxID Number of Organization/Donor					
-	City State	Zip	Email address and or Telephone Number					
				ry important for tim nt does not meet m				
Enclosed i	is a check(s) in the an	nount of \$	(total dolla	ar amount for	all cheo	cks) for pa	ayment	of the
		Scholarship fo	or academic y	/ear		for th	e follo	wing
student(s)	:							
			Please place an X in the appropriate payment box					
SSN or TAMU UIN	Student Name		Total Payment	Split Fall/Spring	Fall Only	Spring Only	SS I	SS II
** According	space is needed, pleas to Financial Aid policy, if esters or Summer Session	se attach an additional p no individual semester is n ns I and II.	age. marked, the payl	ment will be divid	ded equa	lly between	the Fall	and
		than full-time (12 hours ent receive this scholars			s for grad IO	duate) or ir	n a cool	oerative
If the stude scholarship		than full-time and has a I NO	pplied for grad	luation, may th	e studer	nt receive t	his	
Which cam	pus will the student be	attending? HSC						
Checks mu	st be made payable to	Texas A&M University,	and may be m	ailed to				
Scholars P.	A&M University hips & Financial Aid O. Box 30016 ation, TX 77842-3016	Texas A&M U Scholarships & F Galveston Pr P.O. Box College Station, 1	Financial Aid- rocessing 40005		holarsh Attn: He P.C	rsity-Heal hips & Fina eather Mc D. Box 300 ation, TX 7	ancial Farlan 016	Aid d

Refund Policy: In the event that a student fails to enroll full-time, and you have indicated that they are not eligible to receive the scholarship, refunds will be sent to the donor after the fifth week of each semester. Refunds may also be requested by contacting our department in writing. For additional assistance, please call (979) 845-3982.