

SCHOLARSHIP DONOR FORM

FROM: _____
 Organization/Donor _____ Contact Person _____

 Address _____ Email Address _____

 City, State, Zip _____ Telephone Number _____

Enclosed is a check(s) in the amount of \$ _____ for payment of the _____

Scholarship for academic year _____ for the following students:

** Place an "X" in appropriate payment box

Student Name	UNI ID	Total Payment	Split Fall/Spring	*Fall Only	Spring Only
		\$			
		\$			
		\$			
		\$			
		\$			
		\$			

If additional space is needed, please attach another page.

**If no semester is marked, the payment will be divided between the Fall/Spring semesters according to University policy.

*Please indicate if you will be sending another check for next semester: YES NO

If student(s) are registered less than full time (12 hours undergraduate or 9 hours graduate), or in a Cooperative Education Program, please indicate if the student(s) can receive the scholarship: YES NO

Other instructions or comments: _____

MAKE CHECKS PAYABLE TO UNIVERSITY OF NORTHERN IOWA & SEND WITH THIS FORM TO:

Office of Student Financial Aid
 Scholarships - Gilchrist 105
 University of Northern Iowa
 Cedar Falls, IA 50614-0024