

SCHOLARSHIP DONOR FORM

FROM: _____
 Organization/Donor _____ Contact Person _____

 Address _____ Email Address _____

 City, State, Zip _____ Telephone Number _____

*** Scholarship amounts will be divided equally between fall and spring semester.**
*** Indicate if you will send another check for the spring semester: YES NO**

* Scholarship Name: _____

* Amount of the enclosed check(s): \$ _____

* Academic year 20__ - ____ for the following students:

Student Name	UNI ID	Total Payment
		\$
		\$
		\$
		\$
		\$
		\$

If additional space is needed, please attach another page.

*** 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**
*** For scholarships to credit to the student's first bill for the fall semester, our office needs to receive checks by July 15. For crediting to the first spring semester bill, our office needs to receive checks by December 1.**

Other instructions or comments: _____

When you provide a check as payment, you authorize the University to either use information from your check to make a one-time electronic fund transfer from your account or to process the payment as a check transaction. For inquiries call 319-273-2628 (University Cashier). When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day you make your payment, and you will not receive your check back from your financial institution.

MAKE CHECKS PAYABLE TO "UNIVERSITY OF NORTHERN IOWA" & SEND WITH THIS FORM TO: Office of Student Financial Aid – Scholarships
 University of Northern Iowa
 Cedar Falls, IA 50614-0024