

**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.

*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 When we use information from your check to make an electronic fund transfer, funds may be withdrawn from your account as soon as the same day you make your payment, and you will not receive your check back from your financial institution.*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 to the address below.**