



External Award or Scholarship Notice

Student:	Fall Amount	Spring Amount	Summer Amount
ID#:			

****The scholarship check process can take up to 10 business days to complete****

To be completed by the provider of the scholarship or award.

Provider Information

Award Recipient: _____ ID# or SSN last 4 digits _____

Donor/Company Name: _____

Scholarship Name: _____

Award Amount: \$ _____ Check #: _____ Check Date: _____

- Term(s) to which award/scholarship applies: *If not specified we will split evenly between fall and spring*
 _____ Fall _____ Spring _____ Summer
- If payment is for one term only, will a second payment be issued the following term? ____ Yes ____ No
- In the event the student does not attend all terms specified, the funds received should be:
 _____ applied to the term attended
 _____ funds for terms not attended should be returned to: _____

Contact information: Name _____ Phone# _____
 Position _____ E-mail _____

Mail Payment with this form to:

UW-Whitewater Cashier's Office
 PO Box 88
 Whitewater, WI 53190

Questions or Concerns?

Contact the UW-Whitewater Cashier's Office at (262) 472-1378 or cashiers@uww.edu.