External Award or Scholarship Notice

Student:  

<table>
<thead>
<tr>
<th>Fall Amount</th>
<th>Spring Amount</th>
<th>Summer Amount</th>
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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.