

SCHOLARSHIP DESIGNATION FORM

(2016-2017 Academic Year)

2800 S Lone Tree Rd • Flagstaff, AZ 86005-2701 • PH: 928-226-4219 • FAX: 928-226-4110 • finaid@coconino.edu

Thank you for supporting students at Coconino Community College. All disbursement of funds (institutional or donor based) by the College are non-refundable to the donor once they have been given to students. We check to see that the student has met the enrollment requirements prior to disbursement. If other donor requirements are not met by a student, donors can withhold future disbursements to that student until conditions are met. Contact us with any questions you may have at 928.226.4219 or at finaid@coconino.edu. Thank you again.

Scholarship Name	Amount
Name of Student (Last, First, MI)	
CCC Student ID or Comet ID	Date of Birth / /

The enclosed check should be applied to:

- | | |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
| <input type="checkbox"/> Fall Term Only (August – December)
<input type="checkbox"/> Spring Term Only (January – May)
<input type="checkbox"/> Split Between both Fall <u>and</u> Spring terms (August – May) | <input type="checkbox"/> Summer I Term Only (May – July)
<input type="checkbox"/> Summer II Term Only (July – August) |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------------|
- This student will receive an additional check for this academic year for the _____ term in the amount of \$_____.

Conditions to release check:

- Student must maintain a specific cumulative GPA: _____
- ONLY** Release check if student is enrolled full-time at CCC (*Full-time at CCC is 12 credit hours*)
- Ok to release check if student is enrolled less than full-time at CCC.
 # of hours student must be enrolled in: _____
three-quarter time is 9-11 credit hours; half-time is 6-8 credit hours; and less than half time is 5 or fewer credit hours

Scholarship Donor Information:

Contact Person	Signature
Email Address	Phone Number () -
Address (Street)	City, State, Zip Code

Write checks out to Coconino Community College. Please mail **both check AND this form together** to:

Office of Student Financial Aid
2800 S. Lone Tree Road
Flagstaff, AZ 86005-4110