

## SCHOLARSHIP DESIGNATION FORM

(2018-2019 Academic Year)

2800 S Lone Tree Rd • Flagstaff, AZ 86005-2701 • PH: 928-226-4219 • FAX: 928-226-4110 • [finaid@coconino.edu](mailto: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.* CCC will verify 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](mailto:finaid@coconino.edu). Thank you again.

<b>Name of Scholarship</b>	<b>Amount</b>  \$
<b>Name of Student</b> (Last, First, MI)	
<b>CCC Student ID or Comet ID</b>	<b>Date of Birth</b>  / /

The enclosed check should be applied to:

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

Tell us what conditions the student must meet to release the 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.
  - Number of credit hours student must be enrolled in: \_\_\_\_\_
    - *three-quarter time is 9-11 credit hours;*
    - *half-time is 6-8 credit hours;*
    - *less than half time is 5 or fewer credit hours*

### Scholarship Donor Contact Information:

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

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 86005-2701