



OFFICE OF STUDENT FINANCIAL AID

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

SCHOLARSHIP DESIGNATION FORM

(2022-2023 Academic Year)



Scan the code on your phone and follow instructions to upload this document to CCC.

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. Thank you again.

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

Please tell us how to disburse the scholarship to the student:

- Split Between both Fall and Spring terms
- Summer I Term Only (May – July)
- Fall Term Only
- Summer II Term Only (July – August)
- Spring Term Only

Will the student receive an additional scholarship check for this academic year?

- Yes – Amount of check: \$ _____
- No

Tell us what conditions the student must meet to release the check:

- Student must maintain a specific cumulative GPA (ex: 3.0 or 3.5, etc) : _____
- 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.
 - o 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:

Contact Person	
Contact Person Signature: Draw your signature with a mouse, touchscreen or pen. Do not type.	
Contact Person 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 86005-2701

SCHDSG