



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

(2023-2024 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 before 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 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:

- | | |
|---|---|
| <input type="checkbox"/> Split Between Fall <u>and</u> Spring terms | <input type="checkbox"/> Fall Term Only |
| <input type="checkbox"/> Spring Term Only | <input type="checkbox"/> Summer Term Only (June – July) |

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 the student is enrolled full-time at CCC (*Full-time at CCC is 12 credit hours*)
- Ok to release check if the student is enrolled less than full-time at CCC.
 - The number of credit hours the 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 **the check AND this form together** to:

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SCHDSG