

Academic Year

If you need assistance with completing this form, please contact our office at 855-278-5080 or students.asu.edu/contact/financialaid.

SCHOLARSHIP INFORMATION

Scholarship Name	Amount
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STUDENT INFORMATION

Last Name	First Name	Middle Initial
10- Digit ASU ID	Address	City, State, Zip Code

INSTRUCTIONS:

Please Note: To ensure timely crediting of funds to a student's account, check should be sent 4-6 weeks prior to the first day of classes.

Please check all that apply:

Another check for this student will be sent for this school year. Semester _____ Amount \$ _____

This check should be applied to:

- Fall Semester Only (August – December)
- Spring Semester Only (January – May)
- Split Between both Fall and Spring Semester (August – May)
- Summer Semester

Conditions to release check: *Full-time student at ASU is 12 Units for Undergraduates and 9 Units for Graduates*

- Permission to release check if student is enrolled less than full-time at ASU
- ONLY Release check if student is enrolled full-time at ASU

SCHOLARSHIP SPONSOR INFORMATION

Contact Person	Signature	Email
Address	City, State, Zip Code	Phone number

Make check payable to **Arizona State University**. Please mail both check AND this form together to:
 Arizona State University
 Financial Aid and Scholarship Services
 PO Box 870412
 Tempe, AZ 85287-0412