# Scholarship Recipient Form

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

## Scholarship Information

<table>
<thead>
<tr>
<th>Scholarship Name</th>
<th>Amount</th>
</tr>
</thead>
</table>

## Student Information

<table>
<thead>
<tr>
<th>Last Name</th>
<th>First Name</th>
<th>Middle I.</th>
</tr>
</thead>
<tbody>
<tr>
<td>10-Digit ASU ID</td>
<td>Date of Birth</td>
<td></td>
</tr>
</tbody>
</table>

### 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

<table>
<thead>
<tr>
<th>Contact Person</th>
<th>Signature</th>
<th>Email</th>
</tr>
</thead>
<tbody>
<tr>
<td>Address</td>
<td>City, State, Zip Code</td>
<td>Phone number</td>
</tr>
</tbody>
</table>

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