



OFFICE OF STUDENT FINANCIAL ASSISTANCE

OUTSIDE SCHOLARSHIP DONOR FORM

FROM: Organization / Donor Contact Person

Street / Mailing Address Tax ID of Organization / Donor

City , State , Zip Email and Phone Number

Enclosed is a check(s) in the amount of \$ _____ for payment of the
(total dollar amount for all checks)

_____ Scholarship for academic year _____ for the following
(name of the scholarship)

student(s):

*In order to protect confidential and personally identifiable information, please do not send Social Security Numbers (SSN).

Student ID	Student Name	Total Payment	Split Fall / Spring	Fall ONLY	Spring ONLY	SS I	SS II

*SS I - Summer Session I
 SS II - Summer Session II

Checks must be made payable to Texas A&M University – Corpus Christi, and must be mailed to:

Texas A&M University – Corpus Christi
Office of Student Financial Assistance
6300 Ocean Drive, Unit 5772
Corpus Christi, TX, 78412

Tax ID Number: 74-176-0663

If you have any questions or concerns, please contact our office at faoweb@tamucc.edu or 361-825-2338.

** According to Financial Aid policy, if no individual semester is marked, the payment will be divided equally between the Fall and Spring semesters