

## SCHOLARSHIP DONOR FORM

FROM:										
	Organization/Donor  Street/Mailing Address				Contac	ct Person				
					* TaxID Number of Organization/Donor					
	City	Zip		Email address and or Telephone Number						
						ery important for tir nt does not meet r				
Enclosed	is a check(s	s) in the am	ount of \$		_ (total doll	ar amount for	r all che	cks) for p	aymen	t of the
			Scho	larship for	academic y	year		for t	he follo	wing
student(s): *In order to protect confidential and personally identifiable information, please do not send Social Security Numbers (SSN).					Please place an <b>X</b> in the appropriate payment box					
Student ID TAMU UIN	Student N	ame			····Total Payment	Split Fall/Spring	Fall Only	Spring Only	SSI	SS II
			no individual se s I (SS I) and S			ment will be divi	ided equa	ally betweer	า the Fai	ll and
applied for		is registere				uate or 9 hours n, or is on inter <b>YES</b>				\$
Which can	npus will the <b>GV</b>		attending? <b>HSC</b>	McAllen						
Checks mus	st be made p	ayable to <b>T</b>	exas A&M Un	<b>iversity</b> , an	d may be ma	ailed to				
College Station, Health Science Center, and McAl						Texas A&M University- Galveston Scholarships & Financial Aid-				

**Refund Policy**: In the event that a student fails to enroll full-time, and you have indicated that they are not eligible to receive the scholarship, refunds will be sent to the donor after the fifth week of each semester. Refunds may also be requested by contacting our department at scholarships@tamu.edu. For additional assistance, please call (979) 845-3982.

**Galveston Processing** 

College Station, TX 77842-3016

P.O. Box 40005

Texas A&M University Scholarships & Financial Aid

P.O. Box 30016

College Station, TX 77842-3016