

Student Name: _____

Student ID: _____

Academic Year: _____

Please provide this form to your donor and ask them to complete and return the form with your scholarship check to the below address.

FOR DONOR USE ONLY:

Organization Name: _____

Contact Name: _____

Contact Phone Number: _____

Award Amount: _____

 Split evenly between:

\$ _____ Fall

\$ _____ Spring

\$ _____ Summer

 One-time award for:

\$ _____ Fall

\$ _____ Spring

\$ _____ Summer

 Other distribution:

\$ _____ Fall

\$ _____ Spring

\$ _____ Summer

 Remaining funds resulting in a refund to the student: Return to Donor Refund to Student Apply to Student's Next Registered Term

Please email this form to sfs@fpctx.edu or return with your scholarship check. Please make checks payable to **Frank Phillips College** and send to:

**Frank Phillips College
Business Office
1301 West Roosevelt
Borger, TX 79007**