



INDIANA UNIVERSITY

OFFICE OF STUDENT FINANCIAL ASSISTANCE

Bloomington

Dear Scholarship Donor,

Thank you for your support of IU students! To ensure that the funds from this scholarship are used appropriately and to avoid the reduction or repayment of aid previously awarded to the student by IU as a result of unexpected payments, **please complete this form and return it with your scholarship check.**

1. Student's full name: _____

2. Student's 10-digit IU University ID (if known): _____

3. Scholarship donor's name, address, and phone number: _____

4. Name/Title of Scholarship: _____

5. Amount of Current Check: \$ _____ 6. Check Number: _____

7. Please indicate how the funds from the current check should be disbursed:

____ All for the following semester:

____ Fall ____ Spring ____ Summer

____ Split equally between the Fall and Spring semesters

8. If any further funds will be sent please indicate how much for each semester below:

\$ _____ Fall \$ _____ Spring \$ _____ Summer

9. Name of Person Completing This Form: _____

Please send all scholarship payments to:

Indiana University
Office of the Bursar
P.O. Box 6448
Bloomington, IN 47407

In order for scholarships to credit students' accounts before their charges are due, we recommend that checks be submitted to the Office of the Bursar by these dates:

August 1 for fall semester
December 1 for spring semester
April 1 for summer sessions