

COCHISE COLLEGE SCHOLARSHIP DESIGNATION FORM

Thank you for supporting students at Cochise College! Be assured we verify the student meets the requirements of the scholarship prior to disbursing funds to the student account. If scholarship requirements are not met by the student, we will refund the payment to the donor. For questions contact (520) 515-5416 or email SVBO@cochise.edu

Scholarship Name:	Amount:
Name of Student:	
Cochise College Student ID:	Date of Birth:

Check all boxes that apply below:

This scholarship check should be applied to _____ (year (ex. 2020/2021))

- Fall term only (August – December)
- Spring term only (January – May)
- Split equally between both Fall **and** Spring terms (August – May)
- Summer term only (May – August)

Conditions to release scholarship check:

Enrollment:

*Full-time equals 12+ credits and Part-time equals 6-11 credits and Less-Than-Part-time equals 1-5 credits.

- Release check if student is enrolled full-time at Cochise College
- Release check if student is enrolled part-time at Cochise College
- Release check if student is enrolled Less-than-part-time at Cochise College

Scholarship to be restricted to:

- Tuition, Books and Fees – excess funds paid back to donor
- No Restrictions - excess funds paid to student

Will another check be sent for this student during this academic year?

- Yes, Term: _____ Amount: _____
- No

Scholarship Sponsor Information:

- Select box to remain anonymous

Contact Person:	Signature:
Email Address:	Phone Number:
Mailing Address:	City, State & Zip Code:

Make checks payable to Cochise College. Please send both the form and check together to:

Cochise College
 Attn: Business Office
 901 North Colombo Ave.
 Sierra Vista, AZ 85635-2317