

## Private Scholarship Payment Submission Form (To be Completed by Scholarship Donor)

- Fill out the table below and include the full name of the student along with the UAA student ID number or email.
- It is preferable to receive one check per student awarded, but you may issue one check for multiple students.
- Checks should be mailed separately with this form to: UAA Cashiering Office, PO Box 141609, Anchorage, AK 99514
  - Check made Payable to UAA Only
  - Issuing checks co-payable to UAA and the student results in delay in processing. You are responsible for notifying the student to endorse the check.

Questions? Contact us at (907) 786-1440 or uaa\_cashiering@alaska.edu

## Name of Scholarship or Donor:

| Students Full Name | UAA Student ID Number | Email Address | Date of Birth | Amount of Award |
|--------------------|-----------------------|---------------|---------------|-----------------|
| 1.                 |                       |               |               | \$              |
| 2.                 |                       |               |               | \$              |
| 3.                 |                       |               |               | \$              |
| 4.                 |                       |               |               | \$              |
| 5.                 |                       |               |               | \$              |
|                    | \$                    |               |               |                 |

If you have a longer list of students, please attached additional pages. Please include a donor letter if special terms or scholarship requirements. Print this page and include it with your mailed check.

| <b>The full amount of this chec</b><br>Fall only | k is to be applied to: (check al<br>Spring only | I boxes that apply.<br>Full Academic year(Fall, Spri | ing) Summei | · only |
|--|---|--|-------------|--------|
| Tell us about your organiza                      | ation:  |  |             |        |
| Name of Organization:                            |   |  | Tax ID#     |        |
| Address:   |   |  |             |        |
| Contact Name:                                    | Phone   | : Fax:   | Email:      |        |