

Outside Scholarship Office

PO Box 1086 Corvallis, OR 97339 P: (541) 737-3775

E: outsidescholarshippayments@oregonstate.edu

Outside Scholarship Award Form

Check No				
Check Amount				
Check Date				
Enrollment Requireme	ents			
None:	Half-time (6 Credits):		Full-time (12 Credits):	
Disbursement Schedu	le			
(Amounts will be ever	ıly distribute	ed if more than 1 to	erm is selected)	
Summer:	Fall:	Winter:	Spring:	
Student Information				
Student Name:				
Student ID:				
If submitting one chec	k for multip	le students please	use the following table:	
Student ID Number		Student N	ame	Amount of Award

Subtotal:

Please note that if this is your first time submitting a scholarship as an outside donor please include a filled "Donor Information Form" with this document.

Payments should be mailed to: Attn: Outside Scholarships PO BOX 1086 Corvallis, OR 97339