

# Campbell University Outside Scholarship Form

## Fall 2017 - Spring 2018

Campbell University · Business Office · PO Box 97 · Buies Creek, NC 27506

Student Name: \_\_\_\_\_

Student ID #: \_\_\_\_\_

Donor/Organization:

Name: \_\_\_\_\_

Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contact Name: \_\_\_\_\_

Phone: \_\_\_\_\_

Email: \_\_\_\_\_

Amount of Scholarship: \$\_\_\_\_\_ . \_\_\_\_\_

Check Number: \_\_\_\_\_

Academic Term to be used (Please circle one):

FALL

SPRING

SPLIT EVENLY BETWEEN SEMESTERS

Additional Information:

Organization Representative Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**\*\*Campbell University will return any unused funds to the scholarship donor if student fails to attend the awarded semester\*\***