

Campbell University Outside Scholarship Form

Fall - Spring

Campbell University · Bursar's 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****