



University Financial Aid
and Scholarship Services

Scholarship Transmittal Form

Date: _____

Amount to be applied to each term:
(please check the box beside each term the scholarship will apply to and enter the amount to be applied to each term)

- Fall 20____ \$ _____
 _{year}
- Spring 20____ \$ _____
- Summer 20____ \$ _____

Are student required to enroll full-time?

- Yes No

Additional Comments/Instructions

Check Number: _____

Donor Information

**Please note that if funds have to be returned, they will be returned to this address.

Organization: _____

Contact Person: _____

Address: _____

Phone: _____

Email: _____

PLEASE CHECK if funds may be disbursed to student as a refund.

Last Name	First Name	Aggie ID#	Fall Amount	Spring Amount	Summer Amount	Total Award

Please make checks payable to: New Mexico State University

Please mail this form with the check(s) attached to: Financial Aid & Scholarship Services
 MSC 5100
 New Mexico State University
 PO Box 30001
 Las Cruces, NM 88003-8001

If you have any questions, contact the Financial Aid office at 575-646-4105.