NM STATE UNIVERSITY

University Financial Aid and Scholarships
MSC 5100
New Mexico State University
P.O. Box 30001
Las Cruces, NM 88003-8001

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.