



OFFICE OF STUDENT FINANCIAL AID

2800 S Lone Tree Rd  
Flagstaff, AZ 86005-2701  
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# SCHOLARSHIP DESIGNATION FORM

(2021-2022 Academic Year)



Scan the code on your phone and follow instructions to upload this document to CCC.

Thank you for supporting students at Coconino Community College. All disbursement of funds (institutional or donor based) by the College are non-refundable to the donor once they have been given to students. CCC will verify that the student has met the enrollment requirements prior to disbursement. If other donor requirements are not met by a student, donors can withhold future disbursements to that student until conditions are met. Contact us with any questions you may have at 928.226.4219 or at [finaid@coconino.edu](mailto:finaid@coconino.edu). Thank you again.

|                                   |               |
|-----------------------------------|---------------|
| Name of Scholarship (or donor)    | Amount<br>\$  |
| Name of Student (Last, First, MI) |               |
| CCC Student ID or Comet ID        | Date of Birth |

### Please tell us how to disburse the scholarship to the student:

- Split Between both Fall and Spring terms
- Summer I Term Only (May – July)
- Fall Term Only
- Summer II Term Only (July – August)
- Spring Term Only

Will the student receive an additional scholarship check for this academic year?

- Yes – Amount of check: \$ \_\_\_\_\_
- No

Tell us what conditions the student must meet to release the check:

- Student must maintain a specific cumulative GPA (ex: 3.0 or 3.5, etc) : \_\_\_\_\_
- ONLY** Release check if student is enrolled full-time at CCC (*Full-time at CCC is 12 credit hours*)
- Ok to release check if student is enrolled less than full-time at CCC.
  - Number of credit hours student must be enrolled in: \_\_\_\_\_
    - *three-quarter time is 9-11 credit hours;*
    - *half-time is 6-8 credit hours;*
    - *less than half time is 5 or fewer credit hours*

### Scholarship Donor Contact Information:

|                              |                       |
|------------------------------|-----------------------|
| Contact Person               |                       |
| Contact Person Signature     |                       |
| Contact Person Email Address | Phone Number          |
| Address (Street)             | City, State, Zip Code |

Write checks out to Coconino Community College. Please mail **both check AND this form together** to:

Office of Student Financial Aid  
2800 S. Lone Tree Road  
Flagstaff, AZ 86005-2701

SCHDSG