

Thank you for supporting Harper College students. Please complete all of the items below about your scholarship and **return to the address above.**

Name of Scholarship (Please Print):	
Name of Student Receiving the Scholarship (Please Print):	Student Harper Identification Number: H00
Donor FEIN #:	

In order for Harper College to award your scholarship contribution on this student's behalf, we need the following information to ensure timely and accurate processing of this scholarship.

Scholarship Requirements

Which semester(s) does this scholarship go towards?

- Fall 2023
 Spring 2024
 Summer 2024

Minimum enrollment for this scholarship for college level courses:

- 1 to 5 credits
 6 to 9 credits
 10 to 11 credits
 12 credits or more

Amount of the scholarship is: \$ _____

- Can this scholarship be awarded to students in Community Education classes?**
 Yes No
Can this scholarship be awarded to students in Continuing Professional Education classes?
 Yes No

Do you approve that the scholarship can be a full or partial refund to the student if the student does not have a balance at the time they receive this scholarship? If No, please include a W-9 Form.

- Yes
 No (complete a W-9 Form)
 (IRS Site for W-9 <http://www.irs.gov/pub/irs-pdf/fw9.pdf>)

List below any additional requirements that the student must meet to receive this scholarship.

Additional Requirements to Receive this Scholarship:
1.
2.
3.

If the scholarship is non-refundable, or the student does not meet the requirements as stated above, please include the address to send the returned check.

Business Name:	
Address:	Attention:
Email:	Contact Telephone Number:

Funder signature and date are required to complete the form.

_____ _____
 Funder Signature Date

For Business Office Use Only

Cashier ID: _____ Date: _____ Time: _____