


Private Scholarship Funder Form 2018-2019

Harper College Business Office
Building A, Room A214
1200 West Algonquin Road
Palatine, Illinois 60067

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 | | | | |
| 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 | | | | | |
| <p>Which semester(s) does this scholarship go towards?</p> <p style="text-align: center;"> <input type="checkbox"/> Fall 2018 <input type="checkbox"/> Spring 2019 <input type="checkbox"/> Summer 2019 </p> <p>Minimum enrollment for this scholarship is:</p> <p style="text-align: center;"> <input type="checkbox"/> 1 to 5 credits <input type="checkbox"/> 6 to 9 credits <input type="checkbox"/> 10 to 11 credits <input type="checkbox"/> 12 credits or more </p> <p>Amount of the scholarship is: \$ _____</p> <p>Can this scholarship be awarded to students in Continuing Education classes? <input type="checkbox"/> Yes <input type="checkbox"/> No</p> <p>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.</p> <p style="text-align: center;"> <input type="checkbox"/> Yes <input type="checkbox"/> No (complete a W-9 Form) (IRS Site for W-9 http://www.irs.gov/pub/irs-pdf/fw9.pdf) </p> <p>List below any additional requirements that the student must meet to receive this scholarship.</p> <table border="1" style="width: 100%; border-collapse: collapse;"> <tr style="background-color: #e0e0e0;"> <th style="padding: 5px;">Additional Requirements to Receive this Scholarship:</th> </tr> <tr> <td style="padding: 5px;">1.</td> </tr> <tr> <td style="padding: 5px;">2.</td> </tr> <tr> <td style="padding: 5px;">3.</td> </tr> </table> <p>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.</p> | | Additional Requirements to Receive this Scholarship: | 1. | 2. | 3. |
| Additional Requirements to Receive this Scholarship: | | | | | |
| 1. | | | | | |
| 2. | | | | | |
| 3. | | | | | |
| Business Name: | | | | | |
| Address: | Attention: | | | | |
| Email: | Contact Telephone Number: | | | | |
| <p>Funder signature and date are required to complete the form.</p> <p style="text-align: center;"> _____ Date _____ Funder Signature </p> | | | | | |
| For Business Office Use Only | | | | | |
| <p>Cashier ID: ____ ____ Date: ____ ____ ____ ____ ____ ____ Time: ____ ____ ____ ____</p> | | | | | |