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SCHOLARSHIP CHECK PROCESSING FORM

DATE: _____

STUDENT NAME (please print): _____

STUDENT ID (M#): _____

SPONSOR NAME: _____

CITY: _____ STATE: _____

CHECK NUMBER: _____ CHECK AMOUNT: \$ _____

I would like to have the check disbursed as follows: AUTUMN TERM \$ _____

NOTE: Amounts less than \$2,500 will only be applied to Autumn or current term

SPRING TERM \$ _____

SUMMER TERM \$ _____

I hereby authorize, and endorse, the scholarship check to the University of Cincinnati to act as an agent in disbursing my sponsored account scholarship check as noted above or as requested by the sponsor:

STUDENT SIGNATURE: _____

STUDENT ACCOUNTS / ONE STOP EMPLOYEE INITIALS: _____

NOTES: _____

(attach check below)