



OFFICE OF SCHOLARSHIPS TRANSMITTAL FORM

Organization Contact Information

Name of Organization/ Donor: _____

Point of Contact: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone number: (_____) _____

Email: _____

1. Semester(s) to be awarded: Fall Spring Summer

2. Academic year _____

3. If unable to award for selected semester; apply funds to any other semester within the Academic year indicated above Yes No

4. Full-time enrollment required: Yes No GPA Required: _____

5. Special award instructions :

6. If the students cost of attendance has been met, apply funds to the following academic year: Yes No

7. This a need-base scholarship: Yes No

Mail Checks To:

<p>Make check(s) payable to: UTEP</p> <p>Please mail Transmittal form and Scholarship check to:</p> <p style="text-align: center;">The University of Texas at El Paso Institutional Advancement 500 W. University Avenue Kelly Hall – 6th Floor El Paso, Texas 79968</p>	<p>Questions regarding the form? Please contact:</p> <p>Office of Scholarships at (915) 747-5478</p>
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List Scholarship Recipients:

STUDENT NAME:			UTEP ID # / Date of Birth	Check No.	Amount to Disburse per Semester			TOTAL AWARD
Last	First	MI			<u>Fall</u>	<u>Spring</u>	<u>Sum.</u>	
GRAND TOTAL:								

Note: If additional rows are needed feel free to include a separate listing with the form.