



INDIANAPOLIS

OFFICE OF FINANCIAL AID & SCHOLARSHIPS

Scholarship Payment Form

Student's Name: _____ Student's ID number: _____

Scholarship donor's name, address, and phone number, and email:

Name of Person Completing this form: _____

Name/Title of Scholarship: _____

Amount of Check: _____ Check number: _____

Please indicate how the funds should be disbursed:

Fall

Spring

Summer

Split equal between Fall and Spring

Please send this form with the scholarship payment to:

IU Indianapolis
Office of Financial Aid & Scholarships
PO Box 6035
Indianapolis, IN 46206-6035