

Office of Student Financial Services

SCHOLARSHIP FUND RELEASE FORM

Thank you for your scholarship award to Coastal Alabama Community College. Your support will help students reach their educational goals and provide many opportunities for students that otherwise would not have been able to attend college.

To ensure that all students are receiving the correct funding for their scholarship, please advise on how to process the scholarship.

Name of Scholarship/Organization:

Student Name:

| Student Coastal Number: <u>A-</u> | |
|--|--|
| Total Scholarship Awarded: \$ | |
| This scholarship is for tuition a | nd all college related expenses. |
| Please circle "yes" or "no" | |
| In the event of an over award, can the funds be | refunded to the student? YES or NO |
| Can the funds (or remaining balance) be transfe | erred to another college? YES or NO |
| Funds are not refundable to the student or tran- returned to your organization: YES or NO | sferrable to another college and must be |
| If yes, please fill out the attached W-9 fo | orm and return with this form. |
| If you have additional instructions, please attach a letter on your letterhead. | |
| | |
| Print name: | |
| | |
| Signature: | Date: |