



Office of Student Financial Aid

External Scholarship Check Submission

Student Printed Name

KSU ID Number

Please credit the attached scholarship check to the following semester(s) and academic year:

Donor's Name (name on the check)

Scholarship Amount (\$)

Fall 20__ __ Make sure to add academic year	Spring 20__ __ Make sure to add academic year	Summer 20__ __ Make sure to add academic year

Are you expecting another check from this donor for the academic year?

Yes

No

Unsure

Are you now or will you potentially be an NCAA athlete?

Yes

No

Student Signature

Date