



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:

Scholarship Name

Scholarship Amount

Fall/Spring _____
Year

Fall _____
Year

Spring _____
Year

Summer _____
Year

If this check is for the Fall semester, will another arrive for the Spring semester?

Yes

No

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

Scholarship Name

Scholarship Amount

Fall/Spring _____
Year

Fall _____
Year

Spring _____
Year

Summer _____
Year

If this check is for the Fall semester, will another arrive for the Spring semester?

Yes

No

Student Signature

Date