

Please Mail Scholarship Checks to:
Pittsburg State University
Office of Student Financial Assistance
1701 S. Broadway
Pittsburg, KS. 66762

Scholarship Recipient: _____
Last Name First Name PSU ID#
Name of Scholarship _____ Name of Donor _____
Donor Contact Person _____ Contact Information _____
Amount of Scholarship enclosed today: \$ _____

Name of Scholarship _____ Name of Donor _____
Donor Contact Person _____ Contact Information _____
Amount of Scholarship enclosed today: \$ _____

Name of Scholarship _____ Name of Donor _____
Donor Contact Person _____ Contact Information _____
Amount of Scholarship enclosed today: \$ _____

Enclosed is check # _____ in the amount to be applied as follows:
\$ _____ Fall Amount \$ _____ Spring Amount \$ _____ Summer Amount

An additional check will be mailed for the Spring semester

Notes we should know

For Cashier Use: Receipt # _____ Date: _____ Initials: _____

Reserve: _____ Date: _____ Initials: _____

Unreserve: _____ Date: _____ Initials: _____