Please mail scholarship checks to:

Pittsburg State University

Office of Student Financial Assistance

1701 S. Broadway

Pittsburg, KS. 66762

Date: _____ Check #_____

Scholarship Recipient _____ _____
Last Name First Name PSU ID #

Name of Scholarship: _____Name of Donor: _____

Donor Contact Person_____ Contact Info_____
Name Email or Phone #

Enclosed is a check in the amount of _____to be applied as follows:

$_____ Fall Semester Amount
$_____ Spring Semester Amount
$_____ Summer Semester Amount
Additional check will be mailed for the Spring semester ☐

For Cashier Use:

Receipt #_____ Date: _____ Initials: _____

Reserve _____Date: _____ Initials:_____

Unreserve: _____Date: _____ Initials: _____