

FINANCIAL AID AND SCHOLARSHIP SERVICES

Please return this form to: **Arizona State University Scholarship Services** PO Box 870412 Tempe, AZ 85287-0412

External Donor Award Form

or email to scholarshipfunds@asu.edu

PURPOSE: This form is to provide enrollment and disbursement parameters for external donor award funds. **INSTRUCTIONS:** Student sends form to the Donor. **External Donor completes form**. Attach completed form to scholarship check. Make check payable to **Arizona State University**. Funds should be sent 4 - 6 weeks prior to the first day of classes to ensure timely crediting to a student's account. Fall - July 1 Spring - December 1 Summer - April 1 _____ ASU ID: ______ Student Name: _____ **Donor Information** Donor Name: ______ Donor Signature: _____ Street Address: _____ Email Address: City, State, ZIP: _____ Phone Number: _____ **Award Information** Amount of Funds: \$ _____ Check/Wire Date: ____ Check/Wire Number: ____ Will additional funds be sent for this academic year? Yes Amount: \$ _____ Semester: _____ No l **Award Parameters** Current Year: 2025-2026 (Aug 2025- Jul 2026) Prior Year: _____ Fall/Spring (Aug - May) | Fall ONLY (Aug - Dec) | Spring ONLY (Jan - May) Semester: Summer ONLY (May - Aug) Apply to any term as needed Other: **Enrollment Level:** (12 credits for undergraduates, 9 credits for graduates to be considered full-time) Release funds at **full-time** enrollment only Release funds at **less than full-time** enrollment Funds may apply to the following: Direct Costs only (tuition & fees, housing & meals) Any charges posted Tuition & Mandatory Fees only Other: Unused funds should be: moved to future term refund to student refund to donor Additional comments: