

PRIVATE SCHOLARSHIP FORM

DONOR INFORMATION:

Organization/Donor _____

Contact Person/Title _____

Mailing Address _____ City _____ State _____ Zip Code _____

Tax ID Number of Organization/Donor* _____ Email Address _____ Phone Number _____

**Tax ID Number is very important for timely refund of scholarship money to donor in the event the student does not meet minimum requirements for receiving funds.*

Name of Scholarship: _____ Amount: \$ _____

Student's Full Name	Student ID (W/P#)	Last 4 Digits of SSN	Amount

Attach additional pages if needed for a longer list of students.

Award Period: _____

Restrictions:

Please Note: Restrictions may include: a number of required courses; whether the scholarship covers books in addition to tuition and fees; or whether the student can receive a refund check for the unused portion of the funds

Please make checks payable to **Houston Community College Foundation** and send to:

Advancement Services – Private Scholarships
Houston Community College Foundation
3100 Main St. Suite 12B12
Houston, Texas 77002

If you have any questions, please contact
Private Scholarships at privatescholarships@hccsfoundation.org or at 713-718.8595.