



**Private Scholarship Donor Form
(To be completed by Donor)**

Make checks payable to **Tidewater Community College**.
 Include the **full name of the student** along with the TCC ID and last four digits of the social security number (if available).
 Submit this form with the scholarship funds to:

**Tidewater Community College
 Central Financial Aid
 Attn: Scholarships
 121 College Place
 Norfolk, VA 23510**

Name of Scholarship: _____ **Amount:** \$ _____

Student's Full Name (please print): _____

Student's TCC Id Number: _____ **Last 4 of SSN:** _____ **Date of Birth:** _____

Student's Mailing Address: _____

The full amount of this check is to be applied to:

- Fall Only Spring Only Full Academic Year Summer Only

This check can be used to cover the cost of: Tuition/Fees Books

If the student's tuition is satisfied, can the scholarship funds be refunded to the student?

- Yes No

Donor Information:

Name of Donor/Organization: _____ **Tax ID #:** _____
(if available)

Address: _____

Contact Name: _____

Phone: _____ **Fax:** _____ **Email:** _____

Central Financial Aid Office Use ONLY				
Number of Credits/GPA	Date Deposited in AIS	Maximum Eligibility (RN)	Item Type	Date Awarded in SIS