

# Scholarship Notification Form

## Itasca Community College

### 2009-2010

Student Name: \_\_\_\_\_

Student Social Security or Student ID #: \_\_\_\_\_

List the full name and **annual amount** of all outside funding (scholarships, VA Benefits, JTPA, DRS funding, etc.) you will be receiving for the 2009-2010 school year.

Indicate when the funding will be paid (all during fall **(F)**, all during spring **(S)**, or divided equally between both **(B)** semesters).

Scholarships of \$1000 or more will be split and paid out between both semesters of attendance (i.e. \$500 per semester).

<u>Scholarship Name</u>	<u>Annual Amount</u>	<u>Paid</u>
1. _____	\$ _____	F - S - B
2. _____	\$ _____	F - S - B
3. _____	\$ _____	F - S - B
4. _____	\$ _____	F - S - B
5. _____	\$ _____	F - S - B
6. _____	\$ _____	F - S - B

Return to:

**Itasca Community College**  
**Financial Aid Office**  
**1851 East Highway 169**  
**Grand Rapids, MN 55744**  
**FAX (218) 322-2325**