

Scholarship Notification Form

Itasca Community College

2008-2009

Student Name: _____

Student SSN 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 2008-2009 school year.

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

<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
7. _____	\$ _____	F - S - B

Return to:

Itasca Community College
Financial Aid Office
1851 East Highway 169
Grand Rapids, MN 55744
FAX (218) 327-4350