



SCHOLARSHIP AUTHORIZATION FORM

Metropolitan Community College has received a scholarship check (check # _____) for
(Student Name): _____ in the amount of \$_____.

Please provide the following information so we can apply funds to the student's account to meet your scholarship specifications.

First quarter to be used: ___ Fall ___ Winter ___ Spring ___ Summer OR ___ First quarter of attendance

Check only one of the following boxes:

- Tuition and required facility fee only
- Tuition, facility, other required class fees
- Tuition, fees and books
- Tuition, fees, books and supplies
- Other (Please Specify) _____

Disbursement of Funds:

- Apply to each quarter until all funds are used
- Apply specified amount each quarter \$_____ .

If funds are left over after all charges are paid for and student no longer attends MCC:

- Return funds to scholarship agency
- Refund to student



METROPOLITAN
Community College

Return this form to:

Metropolitan Community College
Attn: Student Accounts, FOC #30
PO Box 3777
Omaha, NE 68103-0777

Student Accounts 531-622-2405

Fax: (402) 403-0648

Email: StudentAccounts@mccneb.edu

Comments or Other Info:

Signature of Company Authorizing Person

Date Approved

**PLEASE KEEP A BLANK COPY OF THIS DOCUMENT TO SUBMIT WITH SCHOLARSHIP
CHECKS FOR FUTURE MCC STUDENTS. THANK YOU.**