

## SCHOLARSHIP AUTHORIZATION FORM

ivietropolitar	n Community College na	as received a schoi	arsnip cneck (cneck #		) from
(Company N	ame/Organization):				for
(Student Nar	me):		in the amoun	nt of \$	
Please provious specification	_	nation so we can a	oply funds to the studer	nt's account to m	eet your scholarshi
First quarter	to be used: Fall	Winter S	pring Summer OR _	First quarter	of attendance
Check only o	one of the following bo	xes:			
	Tuition and required fa	acility fee only			
	Tuition, facility, other i	required class fees			
	Tuition, fees and book	S			
	Tuition, fees, books an	d supplies			
	Other (Please Specify)				
Disbursement	of Funds:				
	Apply to each quarter	until all funds are ι	used		
	Apply specified amoun	t each quarter \$	·		
If funds are lef	ft over after all charges	are paid for and st	udent no longer attends	s MCC:	
	Return funds to schola	rship agency			
	Refund to student				



## **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

Signature of Company Authorizing Person	Date Approved
Comments of other fino.	
Comments or Other Info:	

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