



Tuition Reimbursement Private Scholarship Acknowledgement

Student Financial Services

2500 E. Nutwood Ave.
Fullerton, CA 92831
(714) 879-3901 x2202
FAX (714) 681-7421

Student Section:

ID# _____

I, _____, will be receiving a private scholarship from _____
_____ in the annual amount of \$ _____.

In order for me to receive this private scholarship:

The student must: _____

The school must: _____

I understand that the collecting of these funds is my ultimate responsibility. If payment is not received from the private institution by October 1, 2019, for the Fall Semester and March 1, 2020, for the Spring Semester. I will send payment for the amount due. _____ Please initial.

I understand that if payment is not received that I may be withheld from continuing in my current/future courses, registering, or graduating.

Scholarship Donor/Organization Section:

Name: _____

Address: _____

Phone Number: _____ Contact Person: _____

We promise to scholarship the above named student in the amount of \$ _____. Sending \$ _____ each time.

The scholarship will be paid to the school on a (check one) semesterly monthly one time basis. *Please note that no bills will be sent.*

We promise to complete the payment of all funds by October 1, 2019, for the Fall and March 1, 2020, for the Spring Semester.

We promise, that if there is a change in the amount of the original award, that we will immediately notify the school in writing.

The only stipulations that we have regarding this scholarship are: _____

Student's Signature

Certifying Official for the Private Institution

This document must be returned to the office of Student Account Department before this award can be counted as credit against the account. No refunds will be issued on these funds until the monies have been received by the institution and have been posted to the student's account. (Please do not send funds intending the University to release them for books or personal living expenses. Please send these funds directly to the students.)