

Sul Ross State University

SRSU Title IV Code: 003625

Designated Nomination Form 2020-2021

Office of Financial aid
P.O. Box C-2
Alpine, TX 79832
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E-mail: fa@sulross.edu

Office of Financial Aid
3107 Bob Rogers Drive
Eagle Pass, TX 78852
Phone: (830) 758-5021
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Office of Financial Aid
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Uvalde, TX 78801
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Office of Financial Aid
205 Wildcat Drive
Del Rio, TX 78840
Phone: (830) 703-4824
Fax: (830) 703-4810
E-mail: rgcfao@sulross.edu

Enclosed is a scholarship check for the following student and covers the terms indicated:

Information indicated with a single asterisk (*) areas must be completed to insure proper credit.

PLEASE PRINT CLEARLY.

*Student's Name: _____ Social Security Number: _____
Last First MI

Student's Address: _____ Phone: () _____
Street or PO Box City State Zip

*This scholarship is for (check all that apply and indicate the amount for each term):

Fall 2020 \$ _____ Spring 2021 \$ _____ Summer I 2021 \$ _____ Summer II 2021 \$ _____

Special Criteria (i.e. full-time enrollment) _____

The following information is provided for the scholarship donor:

*Name of Donor (organization): _____

Donor's Address: _____ **Tax Payer ID# _____
Street or PO Box City State Zip

Phone: () _____ Fax: () _____ Email : _____

*Name of Contact Individual: _____ Phone: () _____ Email: _____

*Required information

**Requested Information (in the event the student does not enroll)