

# Sul Ross State University

SRSU Title IV Code: 003625

## Designated Nomination Form 2018-2019

Center for Enrollment Services  
P.O. Box C-2  
Alpine, TX 79832  
Phone: (432) 837-8050  
Fax: (432) 837-8411  
E-mail: [fa@sulross.edu](mailto:fa@sulross.edu)

Office of Financial Aid  
3107 Bob Rogers Drive  
Eagle Pass, TX 78852  
Phone: (830) 758-5021  
Fax: (830) 758-5019  
E-mail: [rgcfao@sulross.edu](mailto:rgcfao@sulross.edu)

Office of Financial Aid  
2623 Garner Road  
Uvalde, TX 78801  
Phone: (830) 279-3008  
Fax: (830) 279-3009  
E-mail: [rgcfao@sulross.edu](mailto:rgcfao@sulross.edu)

Office of Financial Aid  
205 Wildcat Drive  
Del Rio, TX 78840  
Phone: (830) 703-4824  
Fax: (830) 703-4810  
E-mail: [rgcfao@sulross.edu](mailto: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 2018 \$ \_\_\_\_\_  Spring 2019 \$ \_\_\_\_\_  Summer I 2019 \$ \_\_\_\_\_  Summer II 2019 \$ \_\_\_\_\_

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)