



SCHOLARSHIP CHECK SUBMISSION

Foundation Information

From: The Peggy and Jack Baskin Foundation

Address: 5214F Diamond Heights Blvd #808

Telephone number: 415-515-9079

Email: nbaran@baskinfoundation.org

Contact Person: Nicole Baran, Executive Director

Scholarship Information

Enclosed please find a check in the amount of \$_____ for payment of the Peggy and Jack Baskin Foundation Scholarship for the academic year_____ for the following student:

Student Name:	Student ID #:
Total Payment for academic year:	To be divided: <input checked="" type="checkbox"/> Fall <input checked="" type="checkbox"/> Winter <input checked="" type="checkbox"/> Spring

If the student(s) is registered less than full-time, may the student receive this scholarship? YES NO

Please do not release funds if the student has not presented an update form for the previous term

Refund Policy: Donor asks that the scholarship services automatically issue a refund in the event that the recipient fails to enroll full-time (unless the donor has indicated that they are still eligible) or does not maintain a minimum 2.0 term GPA; or the student withdraws from the University before the 3rd Friday of the current term; or is otherwise ineligible to receive the scholarship payment based on your scholarship requirements. Refunds for withdrawals after this period require donor approval. Scholarship Services will contact donor in this event. Please make sure you provide the most up-to-date contact information below.

I received the scholarship check from the Peggy and Jack Baskin Foundation.

I read and understood the guidelines for managing Peggy and Jack Baskin Foundation funds.

Name and Title:

Signature:	Date:
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Address:

Telephone:	Email:
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Please send a copy of this form to the Peggy and Jack Baskin Foundation.