



SCHOLARSHIP CHECK SUBMISSION

Foundation Information

From: Peggy and Jack Baskin Foundation

Email: [support\[at\]baskinfoundation.org](mailto:support[at]baskinfoundation.org)

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:

☒ Fall

☒ Winter

☒ Spring

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

Refund Policy: The Foundation requests that the scholarship services automatically issue a refund if the recipient fails to enroll full-time (12 units) unless the Foundation has indicated that they are still eligible. If the student does not maintain a minimum 2.0 cumulative GPA, withdraws from the university, or if the student is otherwise ineligible to receive the scholarship payment based on your scholarship requirements, please reach out to the Foundation to issue a refund.

Check Receipt: Please send a confirmation that the check has been received to the Peggy and Jack Baskin Foundation via email at [support\[at\]baskinfoundation.org](mailto:support[at]baskinfoundation.org) .