

PRIVATE SCHOLARSHIPS RECEIVED

Please list only those scholarships that will be paid directly to Stonehill College

Student's Name: _____

Student's Identification Number: H 8 0 - _____ **Date:** _____

1. Name of Scholarship: _____
Contact Person: _____
Address: _____

Total Amount of Scholarship: \$ _____
Fall semester: _____
Spring Semester: _____
 Copy of Scholarship Notification enclosed*

2. Name of Scholarship: _____
Contact Person: _____
Address: _____

Total Amount of Scholarship: \$ _____
Fall semester: _____
Spring Semester: _____
 Copy of Scholarship Notification enclosed*

3. Name of Scholarship: _____
Contact Person: _____
Address: _____

Total Amount of Scholarship: \$ _____
Fall semester: _____
Spring Semester: _____
 Copy of Scholarship Notification enclosed*

4. Name of Scholarship: _____
Contact Person: _____
Address: _____

Total Amount of Scholarship: \$ _____
Fall semester: _____
Spring Semester: _____
 Copy of Scholarship Notification enclosed*

***A COPY OF EACH AWARD NOTIFICATION MUST ACCOMPANY THIS FORM**

Return to:
Student Accounts
Stonehill College
320 Washington Street
Easton, MA 02357