

UNIVERSITY OF OKLAHOMA ALUMNI ASSOCIATION ALUMNI CLUB SCHOLARSHIP RECIPIENT/CHECK REQUEST FORM

(Make additional copies if needed)

Alumni Club Name _____

Academic Year _____

*Please debit the club's OU Foundation account for \$ _____

(This is the total amount of funds awarded from the club only for academic year, DO NOT INCLUDE ANY MATCHING MONEY IN THIS TOTAL)

Please indicate if the scholarship is to be a one-semester award only.

Recipient's Name	Recipient's Social Security Number	*Club Scholarship Award Amount (Fall 200____)	*Club Scholarship Award Amount (Spring 200____)	*Total Club Scholarship Award Amount	OU Matching Amount Total (minimum \$125/maximum \$1000 per year, per student)

Club Scholarship Chairperson contact name and phone number _____

Club contact name and phone number _____

*Please return this form along with the front page of each individual application by April 30 to:
Marian Brown, OU Alumni Association, 900 Asp Avenue, Ste. 427, Norman, OK 73072 (405.325.2219)*

For office use only: \$ _____

Club Account # _____