



OFFICE OF STUDENT FINANCIAL AID  
 CENTRAL CAROLINA COMMUNITY COLLEGE  
 Hockaday Building, Lee Main Campus  
 1105 Kelly Drive  
 Sanford, NC 27330

T 919.718.7229      Email: [finaid@cccc.edu](mailto:finaid@cccc.edu)  
 F 919.718.7410      Website: [cccc.edu/financialaid](http://cccc.edu/financialaid)

|                   |                       |
|-------------------|-----------------------|
| Name:             |                       |
| CCCC Student ID:  |                       |
| Telephone Number: | ( ___ ) _____ - _____ |

## Outside Award Submission Form

*To be completed by the provider/administrator of this scholarship award.*

**Mail all payments to the following address:**

Business Office  
 Hockaday Hall, Building 09  
 1105 Kelly Drive  
 Sanford, NC 27330

**Scholarship Information**

Full Scholarship Name: \_\_\_\_\_

Payment Information:

Term(s) that scholarship should be applied:  
*If not indicated, we will split evenly between Fall and Spring*

|               |    |
|---------------|----|
| Award Amount: | \$ |
| Check Date:   |    |
| Check #:      |    |

|             |                          |
|-------------|--------------------------|
| Fall 2021   | <input type="checkbox"/> |
| Spring 2022 | <input type="checkbox"/> |
| Summer 2022 | <input type="checkbox"/> |

**Provider Information**

Full Company/Donor Name: \_\_\_\_\_

Contact Information:

|               |  |                |  |
|---------------|--|----------------|--|
| Contact Name: |  | Phone #:       |  |
| Position:     |  | Email Address: |  |
| Address:      |  |                |  |

**Supplemental Information**

1. What is the minimum amount of credit hours the student(s) must be enrolled to receive the scholarship?  
 1-5 credit hours(less than half time):     6-11 credit hours (half-time)     12 credit hours (full time)
2. Funds may be applied towards (check one):     Tuition/Fees     Books/Supplies     All Charges
3. Do you wish for the excess funds to be applied:     Refund to Student     Returned to Donor
4. Any other stipulations of the scholarship:  
 \_\_\_\_\_

Signature of Donor: \_\_\_\_\_

Date: \_\_\_\_\_

*Questions or Concerns: Feel free to contact the Outside Scholarship Specialist at [awerk672@cccc.edu](mailto:awerk672@cccc.edu) or call 919.718.7311*

**Award Code (for internal use only):**