



El Paso Community College Scholarship Processing Form

Date: ___/___/___

Is the recipient(s) required to be enrolled a minimum of academic hours per semester in order to receive this award? (Please check mark the appropriate circle)

- If yes, please specify amount of hours _____
- No, this award does not require a minimum hours enrollment

Please indicate any additional eligibility stipulations such as a minimum GPA, Financial Need, or a particular major that this award requires? _____

- PLEASE CHECK** if scholarship funds may be applied towards subsequent semester(s) if EPCC is unable to process this scholarship due to Financial Aid cost of attendance for the current fiscal year

Student Name (please print)	EPCC ID # or Date of Birth	Check #	Disbursement Amount Per Semester			Total Award
			Fall	Spring	Summer	
GRAND TOTAL						

Please make check(s) payable to: **El Paso Community College**

Please mail this form with the check(s) to: **El Paso Community College
Office of Financial Aid ATT: Norma Urias
P.O. Box 20500
El Paso, TX 79998**

For questions, please contact: **Norma Urias, Office of Financial Aid – 915-831-2230 or nurias@epcc.edu**