



OUTSIDE AWARD SUBMISSION FORM

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

Student Information

Student PID Number: _____

Student Name: _____

UNC Email Address: _____

Payment Information

Please make checks payable to UNC-CH and mail them to our cashier's office:

Outside Scholarships
c/o University Cashier's Office
450 Ridge Road
Suite 2215, CB 1400
Chapel Hill, NC 27599-1400

Scholarship Information

Payment Information:

Total Amount enclosed: \$ _____

Term(s) that scholarships should be applied (if not indicated, we will split evenly between Fall and Spring or Summer I and II.)

- Checkboxes for Fall 2025, Spring 2026, Fall and Spring 2025/2026, Summer I 2026, Summer II 2026, Summer I and Summer II 2026

If payment is designated for one term only, will a second payment be issued the following term? Yes No

Provider Information

Full company/donor name: _____

Contact Information:

Name: _____ Phone Number: _____

Position: _____ E-Mail Address: _____

Provider Signature: _____

Questions or Concerns? Feel free to contact the Outside Scholarships Team at outsidescholarships@studentaid.unc.edu, or call 919.962.9484.