



**Texarkana College**

**Internal Dual Credit Scholarship Award Document**

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Scholarship is to be awarded to:

**Student Name:** \_\_\_\_\_ **TC Student ID# or SS#:** \_\_\_\_\_

Division or Department Awarding Scholarship (*please circle*) **TC Annual Award** **Extra Need Request**

**ISD Foundation** **Other** \_\_\_\_\_

**Total Amount of Scholarship \$** \_\_\_\_\_

Scholarship is to be paid in \_\_\_\_\_ 1 \_\_\_\_\_ installment(s).

Please complete the amount and term that should be paid below:

**Fall** \_\_\_\_\_ **Amount \$** \_\_\_\_\_

**Spring** \_\_\_\_\_ **Amount \$** \_\_\_\_\_

**Submitted by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Approved by:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Business Office Use Only:**

**Funds Available Verified By:** \_\_\_\_\_ **Fund Code/Ledger#:** \_\_\_\_\_

**Posted by Financial Aid Representative:** \_\_\_\_\_ **Date:** \_\_\_\_\_

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