

UNIVERSITY OF MISSOURI - COLUMBIA OUTSIDE CHECK PROCESSING FORM

TO BE COMPLETED BY SCHOLARSHIP OR LOAN RECIPIENT

1. Name (Last, First, Middle) _____

2. Date of Birth _____

3. myZou Number _____

4. Local Address _____

Street: _____

City, State, Zip: _____

Phone: () _____ Please circle one: Cellular, Local, or Permanent

Award Screen _____
Disbursement _____
User Edits _____
Add Comment _____
Revised Award _____
Email Advisor _____

5. What semester (s) do you want the *scholarship* or *loan* (circle one) check to be applied?

Fall (Only) _____ Split between (Fall/Spring) _____ Spring (Only) _____ Summer (Only) _____

6. Scholarship or Loan Name: _____

Please endorse the check if it is made payable to you or co-payable to you
and the University of Missouri—Columbia

Staff Initial:	Check Amount:	Check Number:
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Student Signature: _____ Date: _____

University of Missouri—Columbia, Student Financial Aid, 11 Jesse Hall, Columbia, Missouri 65211-1600
Phone: 573-882-7506 Fax: 573-884-5335 Website: financialaid.missouri.edu

CRR# _____

MU SCHOLARSHIP OFFICE USE ONLY

Date/Initials: _____