



Texarkana College

Internal Dual Credit Scholarship Award Document

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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