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 _____

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:*_____

TC does not discriminate on the basis of race, color, national origin, sex, disability or age in its programs, activities, admission or employment. The following person has been designated to handle inquiries regarding the nondiscrimination policies: Director of Human Resources/Title IX Coordinator, 2500 N. Robison Rd., Texarkana, TX, 75599, (903) 823-3355, human.resources@texarkanacollege.edu

REVISED 7/2026