



Moberly Area Community College requests scholarship terms in order to process any remaining monies after scholarship monies have been applied to the student's account balance. Please complete this form and email to busoffice@macc.edu or mail to the address listed below. If you have any questions please call 660-263-4100 ext. 4. Thank you in advance for your cooperation.

MACC
Attn: Business Office/Accounts Receivable
101 College Ave.
Moberly, MO 65270

NAME OF SCHOLARSHIP: _____

POINT OF CONTACT: _____

ADDRESS: _____

PHONE: _____

EMAIL: _____

STUDENT'S NAME: _____

STUDENT'S ID NUMBER: _____

Terms of Scholarship to be Completed by Scholarship Provider

Please select one of the following options:

_____ 1. Student may receive a refund if there is a credit balance on the student account.

_____ 2. Unless specified in additional requests section below, any credit balance will automatically be forwarded to subsequent semesters, and will be returned to the scholarship foundation if the student graduates/discontinues enrollment.

Additional requests: _____

Signature and Date

Revised 1/10/22