

ONLY ONE FORM PER STUDENT, PER SCHOLARSHIP

NOTICE OF SCHOLARSHIP/FINANCIAL AWARD

Instructions: All fiscal appropriations to a student account from departments across the university need to be assigned using this form. This form is to be completed by the Authorizing Party and submitted to the relative Dean or Division head with budget authority for approval for that department. Each Dean or Division head is to be aware of who is authorized to award funds to a student, and approving this allocation suggests the Dean or Division head is both aware of and supports the transaction in question. This completed document, including the signatures of both the Authorizing Party and the Dean or Division head (or designate), is to be forwarded to the Admissions Office directly from the Dean or Division staff and not the Authorizing Party directly. Upon receipt, the Scholarship Coordinator will approve and forward this allocation to the appropriate units to add the funds to the student's account.

<i>Student Name</i>	<i>ID #</i>	<i>Scholarship/Award Name</i>	<i>Fall Amount</i>	<i>Year</i>	<i>Spring Amount</i>	<i>Year</i>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

List what account(s) to be charged* for the financial award in the box(es) below.

Check here to charge to the Foundation.

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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*Unless otherwise noted, each account listed will be charged equal proportions of the total.

Has this student been notified? **YES**, (Please attach copy of the announcement presented to the student for record keeping purposes.)
 NO, please adjust the student's account accordingly and no notification is necessary.

Signatures Required for Approval

_____ Print Name of Authorizing Party	_____ Signature of Authorizing Party	_____ Department or Unit	_____ Campus Phone	_____ Date
_____ Dean/Division Signature for Approval	_____ Date	_____ Scholarship Coordinator Signature of Approval	_____ Date	