



Financial Aid / Foundation / Department Scholarship-Notification Form

SCHOLARSHIP RECIPIENT INFORMATION:

Student Name: Last _____ First _____ MI _____ ID # or SSN: _____

SCHOLARSHIP INFORMATION:

Department awarding the scholarship: _____

Scholarship Name: _____

Foundation #: ____ - ____ - _____ Business Office #: 424____ Department Account #: _____

You must provide 2 account numbers here: Either a Foundation Account # and a Business Office Account # (424XXX) or a Business Office Account # (424XXX) and a Department Account #. Listing a Department Account # implies that you will be requesting a funds transfer from the Department Account # to the Business Office Account #. (The Foundation and Business Office account #'s can be found on the scholarship search site if you do not know them.)

TOTAL amount of the scholarship: \$ _____

(All scholarships will apply toward tuition, fees, dormitory charges, etc. before any funds will be distributed to the student.)

Academic year the scholarship will be paid: (ex: 2010-2011) _____

(Please note that scholarships cannot be paid for a term that has already ended.)

The award should be disbursed as follows: Fall \$ _____ Spring \$ _____ Summer \$ _____

Minimum number of credits the student must register for to receive this award: _____

(Please note that scholarships cannot be paid to students who are not enrolled for the term awarded.)

New Award _____ Revised Award _____ (Check one)

If this is a revised award, please indicate what items are being revised: (ex. Scholarship was awarded in the fall but the student does not have enough credits in the fall so we would like to change the award to spring.)

DEPARTMENT CONTACT AND AUTHORIZED SIGNER INFORMATION:

If there are any questions regarding this award, who should we contact?

Contact Name: _____ Phone Number: _____

I certify that the above-named student is eligible under all rules, regulations, and fund agreements for the aforementioned scholarship. If necessary, I request that the SCSU Foundation transfer funds to the SCSU Business Services Office for payment of this award. If using a department account, I acknowledge that I will need to make a request to transfer funds to the SCSU Business Services Office for the Scholarship account payment.

Name of Authorized Signer (please print): _____

Signature: _____ Date: _____

(This must be signed by authorized signer or by his/her supervisor.)

Send the completed form to the Financial Aid Office, AS106 for processing. Please keep a copy for your records. If you have questions regarding the form call Lori Lemm in the Financial Aid Office at 308-4022. If you have questions regarding the eligibility criteria for the scholarship call Kim Hiltner in the Foundation Office at 308-4826.