

University Scholarship Awarding Form



Scholarship Name: _____ Award Year: _____

Department: _____ FAMIS Account Number _____

Box 1 – Check one of the following indicating the source of funding:
External Grant Funds
 Continue to **Box 4** to list recipients, award amounts, and signatures of Department Head and Principal on Account. Then route to Grants and Contracts for signature approval.
Foundation Funds (6, 07, 94 and 48 accounts) - Continue to Box 2.
Department Funds (not through the Foundation) - Continue to Box 2.

Box 2 – Please indicate below whether the Scholarship Portal was used (Foundation and Departmental Funds only):
Yes – Continue to Box 4 to list recipients, award amounts, and signatures of Department Head and Principal on Account.
No – Method used to advertise to students: Email Department Web Site Flier Other _____
 For audit purposes, please provide: 1) sample of the method of advertisement, 2) names of the Committee Chair and committee members, 3) Selection criteria used, 4) copies of all completed applications, 5) ranking matrices, and any other supporting documentation.
Continue to Box 3.

Box 3 – Please provide below the information for consideration of the tuition waiver when the Scholarship Portal was not used (Foundation and Departmental Funds only):
 Number of Total Applicants _____ Number of Texas Residents _____
Continue to Box 4 to list recipients, award amounts, and signatures of Department Head and Principal on Account.

Box 4 -	Recipient's Name	CWID	Semester	Total Amount of Award
			Choose an item.	
			Choose an item.	
			Choose an item.	
			Choose an item.	
			Choose an item.	

Alternate Recipients in order of Preference (Amount will be based off of original award amount)

NAME	CWID	NAME	CWID
1.		4.	
2.		5.	
3.		6.	

Required Signatures:

Principal on Account	Please Print Name	Date
Department Head/Dean's Office	Please Print Name	Date
Grants & Contracts, if funding source is external Grant	Please Print Name	Date
Committee Chair Phone Number	Committee Chair Email	

MAKE A COPY FOR YOUR RECORDS & RETURN THIS COMPLETED FORM TO THE OFFICE OF FINANCIAL AID & SCHOLARSHIPS - STUDENT ACCESS & SUCCESS/ONE STOP SHOP.

For Financial Aid and Scholarships Department Use Only

Number of Total Applicants _____	Number of Texas Residents _____	FUND CODE _____
Is tuition waiver applicable to this opportunity? Yes No		