University Scholarship Awarding Form

Scholarship Name: _____ **Award Year:** Choose One

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 though 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 member, 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
		Please Choose One	
		Please Choose One	
		Please Choose One	
		Please Choose One	
		Please Choose One	
		Please Choose One	
		Please Choose One	

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
Grant's & Contracts, if funding source is external grant	Please Print Name	Date

MAKE A COPY FOR YOU RECORDS & RETURN THIS COMPLETED FORM TO THE OFFICE OF FINANCIAL AID & SCHOLARSHIPS LOCATED IN THE STUDENT ACCESS & SUCCESS CENTER (ONE STOP SHOP).

For Financial Aid and Scholarships Department Use Only **FUND CODE**_____

Number of Total Applicants _____ **Number of Texas Residents** _____

Is Tuition waiver applicable to this opportunity? ☐ **YES** ☐ **NO**