## **University Scholarship Awarding Form**

Universit	y Scholarship	Awarding F	orm	7	
Scholarship Name:		Award Year:			
Department:	epartment: FAMIS Account Number:				
Box 1 – Check one of the following indicating t External Grant Funds - Continue to B Principal on Account. Then route to Foundation Funds (6, 07, 94, and 48 a Department Funds (not though the F	ox 4 to list recipier Grants and Contra accounts) – Contin	nts, award amounts, award signatur outs for signatur oue to Box 2		Department Head and	
Box 2 – Please indicate below whether the Sch Yes – Continue to Box 4 to list recipie No – Method used to advertise to stu For audit purposes please provide: 1) Committee member, 3) Selection crite other supporting documentation. Cor	nts, award amoun dents: Email sample of the met eria used, 4) Copie	ts, and signatur Department W hod of advertis	es of Department Head /eb Site Flier Oth ement, 2) names of the	and Principal on Account. er Committee Chair and	
Box 3 – Please provide below the information (Foundation and Departmental Fund Number of Total Applicants:	ls Only):	Number of	Texas Residents:		
x 4 Recipient's Name		CWID	Semester	Total Amount of Awar	
Alternate Recipients in order of Preference	ce (Amount will	he hased off o	of original award amo	ount)	
NAME	CWID		NAME CWID		
1.		4.			
2.		5.			
3.		6.			
Required Signatures:					
Principal on Account Please Print Name Date					
Department Head/Dean's Office	Ple	ease Print Name		Date	
Grant's & Contracts, if funding source is external grant MAKE A COPY FOR YOU RECORDS & RETURN THIS CONTRACT STUDENT ACCESS & SUCCESS CENTER (ONE STOP SHOW)	OMPLETED FORM T	ease Print Name  O THE OFFICE OF	FINANCIAL AID & SCHOLA	Date  RSHIPS LOCATED IN THE	
For Financial Aid and Scholarships Department Use Only FUND CODE					
Number of Total Applicants Is Tuition waiver applicable to this opportunit		er of Texas Res NO	idents		