

INSTITUTIONAL SCHOLARSHIP REQUEST

Staff/Faculty Requestor Name: _____

Signature: _____ Date: _____

Scholarship Recipient Information

Student Name: _____ S#: _____

Scholarship Criteria: If there are specific requirements for the student to receive or maintain eligibility for the scholarship, indicate below or attach an explanation.

Term/Academic Year: Fall 20____ Spring 20____ Summer 20____

Occurrence: One-time Scholarship

Ongoing Scholarship

If ongoing, expiration date/term: _____

Stipulations:

• GPA Requirement: No Yes; if yes, indicate GPA: _____

• Enrollment Requirement: No Yes; if yes, indicate minimum enrollment: _____

• Financial Aid Eligible (FAFSA): Yes No Unknown

• Other: _____

Provide a justification for your request below. Attach supporting documents as necessary.

Reason for request: _____

Please select one of the options below and include the scholarship amount you are requesting in the space provided.

Apply Scholarship To:

Tuition & Fees Only: _____

Outstanding balance only: _____

Other: _____

Financial Aid Director: _____

Signature: _____ Date: _____

Internal Use Only

Completed by: _____

Signature: _____ Date: _____