

MUST BE TYPED

After July 1, please allow 15 business days for processing with extended periods during peak times.

East Tennessee State University
SCHOLARSHIP AUTHORIZATION FORM

College / Department _____

Scholarship Name _____

Contact Person _____

Phone # _____

Banner Chart & Index # _____

Academic Year _____

Exempt # / Fund Code / Detail Code (if known): _____

Name of Recipient	Student ID	Enrollment Level Required (i.e. Full time, Half Time, # of hours required, etc)	Select One per Student			Authorized Amount			Total
			New Award	Increase Prior Award	Decrease or Cancel Prior Award	Fall Amount	Spring Amount	Summer Amount	
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				
						GRAND TOTAL:			

Comments: _____

I certify that the recipients listed above meet or exceed the criteria established for this scholarship. Incomplete forms will be returned for completion prior to processing. Scholarships with insufficient funds will not be processed.

Dean / Chair Signature _____

Date: _____

Typed Dean / Chair Name _____

Chart E Scholarships - Send Form To: Financial Aid Office, Box 70722

Chart F Scholarships - Send Form To: Foundation Accounting, Box 70732

OFFICE USE ONLY	
AR Detail Code:	_____
Fund #:	_____
Foundation Approval:	_____
Date:	_____