

MUST BE TYPED

EAST TENNESSEE STATE UNIVERSITY

Scholarship Authorization Form

MUST BE

Please allow 15 business day for processing. Incomplete forms will not be processed. Accounts with insufficient funds will not be processed.

Scholarship Name _____ Academic Year ex. 25-26
 College/Dept _____ Fund Code/Detail Code/Exempt # _____
 Contact Person _____ Phone _____

Voyager Chart of Account Number (VCOA) - Required

XX	XXXXX	XXXXXX	XXX	79712	550	XXX	XXX
Entity (2 digits)	Organization (5 digits)	Fund (6 digits)	Fund Type (3 digits)	Account (5 digits)	Functional Class (3 digits)	Purpose (3 digits)	Activity (3 digits)

Name of Recipient	Student EID (required)	If approving enrollment for Less Than Full Time hours, indicate the approved enrollment hours	Increase Prior Award (Yes)	Cancel Award (Yes)	Total Fall Amount	Total Spring Amount	Total Summer Amount
1							
2							
3							
4							
5							
6							
7							
8							
9							
10							

Comments: _____ **Grand Total**

I certify that the recipients listed above meet or exceed the criteria established for this scholarship.

Departmental Approval Signature _____

Date _____

Typed Approval Name _____

Send Completed Forms:

Former Chart E Acct - Send to Financial Aid & Sch Office, Box 70722

Former Chart F Acct - Foundation Sch - Send to Foundation Accounting, Box 70732

Foundation Accounting L
AR Detail Code _____
Fund # _____

TYPED

XXX

Site
(3 digits)

Total (Fall + Spring + Summer)
\$0.00
\$0.00
\$0.00
\$0.00
\$0.00
\$0.00
\$0.00
\$0.00
\$0.00
\$0.00
\$0.00

Use Only