**MUST BE TYPED**

# EAST TENNESSEE STATE UNIVERSITY
## Scholarship Authorization Form

**MUST BE TYPED**

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**

| | | | | 79712 | 550 | | | |
|---|---|---|---|---|---|---|---|---|
| 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) | Site (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 | Total (Fall + Spring + Summer) |
|---|---|---|---|---|---|---|---|---|---|
| 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