## SCHOLARSHIP AWARD FORM

ACADEMIC	YEAR:
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(awards, additions, changes, drops)

SCHOLARSHIP #:

FIS NUMBER:

SCHOLARSHIP NAME:				_					
FOUNDATION NUMBER:	CONTACT PERSON:						PHONdsE:		
DEPARTMENT:		RESPONSIBLE PARTY:						PHONE:	
	STUDENT	DATE of					YEAR		
STUDENT NAME	ID #	CHANGE	FALL	WINTER	SPRING	SUMMER	TOTAL	COMMENTS	
	1								
	1								
		TOTAL							

Certification: I certify that the above scholarship recipient(s) have been selected by the appropriate appointed scholarship committee and selection was based on the approved criteria for the scholarship. Expenditures are appropriate and allowable within the defined criteria for this scholarship program.

Approved by Signature: Printed or Typed Name: Approved by Signature:

Printed or Typed Name:

College Dean

\*\*\* SEND ORIGINAL SIGNED FORM TO: Katelyn Davis Finacial Aid Office, Campus box 34, kbdavis@latech.edu \*\*\* SEND A COPY TO:

Katrina Grant, Comptroller's Office, Campus box 19, katrinag@latech.edu

Department Head / Chair-Scholarship Committee

University Research Signature (Grant Funds Only)