SCHOLARSHIP AWARD FORM
(awards, additions, changes, drops)

ACADEMIC YEAR: ____________

SCHOLARSHIP #: ____________
FIS NUMBER: ____________

SCHOLARSHIP NAME: ____________
FOUNDATION NUMBER: ____________ **CONTACT PERSON:** ____________ **PHONE:** ____________
DEPARTMENT: ____________ **RESPONSIBLE PARTY:** ____________ **PHONE:** ____________

STUDENT NAME	STUDENT ID #	DATE of CHANGE	FALL	WINTER	SPRING	SUMMER	YEAR TOTAL	COMMENTS
							0	
							0	
							0	
							0	
							0	
							0	
							0	
							0	
							0	
							0	
							0	
							0	
							0	
							0	
							0	
							0	
							0	
							0	
							0	
							0	
							0	
							0	
							0	
							0	
							0	
							0	
							0	
							0	
							0	
		TOTAL	0	0	0	0	0	

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: ____________ Date:
Printed or Typed Name: ____________
Department Head / Chair-Scholarship Committee

Approved by Signature: ____________ Date:
Printed or Typed Name: Gary A. Kennedy
College Dean

***** SEND ORIGINAL SIGNED FORM TO:** Christol Sterling, Finacial Aid Office, Campus box 34, christol@latech.edu
***** SEND A COPY TO:** Katrina Grant, Comptroller's Office, Campus box 19, katrinag@latech.edu

____________ Date:
University Research Signature (Grant Funds Only)