

Scholarship/Award Processing Form

Scholarship/Award:

Contact Person _____

Office Address _____

Phone _____

Please use a separate form for each semester.

All students listed on this form are to receive this award during the following semester:

Student Name	Student ID # (700 #)	Award Value	High School Attended (needed for incoming freshmen)

Authorizing Signature _____ Date _____

Please Note:

* University-funded scholarships reported on this form are available to only full-time students.

* The total value of all University-funded scholarships awarded to a student is not to exceed the cost of education at University of Central Missouri.

* If a recipient(s) declines the scholarship, please notify the Office of Student Financial Services via email scholarships@ucmo.edu

Submit original Scholarship/Award Processing Form to:

Scholarships and Awards Officer – WDE 1100 660-543-4541

Keep a copy for your records.

For Scholarships and Awards Officer's Use:

Entered on Student(s) University Account(s) _____ Date _____ Initials _____