



## Scholarship Notice Form

Please provide all information requested below in order to assure that the student's account be credited in a timely manner, then forward this form either by email to [scholarships@umsl.edu](mailto:scholarships@umsl.edu) or send award form to the **Office of Student Financial Services, 327 Millennium Student Center**. Any questions regarding completion of this form may be directed to **Kaje Sanford** at x4902.

### Student Information

Student Name: \_\_\_\_\_

UMSL Student ID: \_\_\_\_\_

### College, School, or Department Information

Undergraduate students will be expected to be full-time (minimum 12 hours) unless otherwise noted below or as indicated in the scholarship endowment or annual agreement. All recipients of endowed/annual scholarships must meet the criteria set forth in the endowment/annual scholarship agreement. Indicate the amount of the scholarship for the semester(s) in which the scholarship should be received.

Name of College, School, or Department: \_\_\_\_\_

Name of Scholarship: \_\_\_\_\_

#### PeopleSoft Chartfields

MoCode: \_\_\_\_\_ Business Unit: \_\_\_\_\_ Fund: \_\_\_\_\_ DeptID: \_\_\_\_\_

Program: \_\_\_\_\_ Project: \_\_\_\_\_ Class: \_\_\_\_\_

The budget line for Student Aid (7600XX) must be set up in PeopleSoft Financials before this award can be made. Has that been completed? \_\_\_\_\_

#### Award Amounts

<u>Semester</u>	<u>Amount</u>	<u>Total Amount for the Year</u>
Fall 20_____	\$ _____	
Spring 20_____	\$ _____	\$ _____
Summer 20_____	\$ _____	

\_\_\_\_\_  
Authorizing Name/Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Contact Name (if different from Authorization)

\_\_\_\_\_  
Phone

***Scholarship Requests are for internal use only and should not be provided to students.***