

UNIVERSITY OF MISSOURI - ST. LOUIS
FELLOWSHIP AWARD NOTICE

Please provide all information requested below in order to assure the student's account can be credited in a timely manner, then email this form to the Student Financial Service's Scholarship Department at scholarships@umsl.edu.

School, Department or College _____

Name of award: _____

Type of award: Fellowship _____
 Scholarship _____
 Other (please specify) _____

Basis of award: (used for reporting purposes)
 Merit _____
 Need based _____
 Other _____

Charge to:

FRS Account #: S-_____ FRS Account Name _____

AND

PeopleSoft Chartfields: Fund _____ DeptID _____ Program _____ Project _____

Business Unit _____ Class _____ PS Account* _____

*Budget Established in PS Account? Yes / No

Name: _____

Student #: _____

Mark the space next to the month(s) the student should receive the award.

(Summer Awards cannot overlap with Fall or Spring. All Summer awards must be made in the 3 month window shown below.)

Spring Months	Aid Year	Amount
January	20____	\$
February	20____	\$
March	20____	\$
April	20____	\$
Fall Months	Aid Year	Amount
August	20____	\$
September	20____	\$
October	20____	\$
November	20____	\$
December	20____	\$

Summer Months	Aid Year	Amount
May	20____	\$
June	20____	\$
July	20____	\$

Total Amount \$ _____

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The award amount will be credited to the student's account around the 15th of the Month(s) specified. If the award exceeds the student's charges, the student will receive a refund for the credit balance.

 Authorizing Name / Signature

 Date