CLA: SCHOLARSHIP INPUT FORM, AY 2004-2005 Revised: Friday, March 11, 2005

AWARDING DEPARTMENT/UNIT: _____

DATE: _____

TITLE OF SCHOLARSHIP AWARD:

_____

[Accurate/Full Name of Award}

ACCOUNT CODE: _____ SCHOLARSHIP SUB-CODE*: _____
ACCOUNT CODE: _____ SCHOLARSHIP SUB-CODE*: _____
[* Must be 8100-8400, Do Not use 6700]

AMOUNT OF AWARD: _____
[Do not use cents, round up. Do not use an amount range, be specific. Also check the account for current amount availability]

DISTRIBUTION INFORMATION: _____; _____ ; _____
Fall 04 Spring 05 Summer 05

NAME OF RECIPIENT: _____
[Use Full Name: Last Name, First Name, M.I.]

STUDENT ID#: _____
[SSN# is required]

CLASS DESIGNATION: _____
[Status: Incoming Freshman, Transfer, & Fr., So., Jr., Sr.]

PURPOSE/FUNCTION/DESCRIPTION: _____
_____
[What are the requirements of award?]

Name/Address of Parent:_____
_____

IT IS THE RESPONSIBILITY OF THE AWARDING UNIT TO PROVIDE THE INFORMATION REQUIRED FOR ENTRY INTO THE SCHOLARSHIP ENTRY SYSTEM. DO NOT PROVIDE INFORMATION ON STICKY NOTES, SCRAP PAPER, LETTERS OF AWARD, ETC., WITHOUT THE ABOVE REQUIRED INFORMATION.