

DEPARTMENT SCHOLARSHIP DISBURSEMENT AUTHORIZATION

Scholarship Name _____
Scholarship Account _____ <div style="display: flex; justify-content: space-between; font-size: small; margin-top: 5px;"> (fund) (Cost Center) (Object Code) </div>

Student Name	SS #	Term	Year	Amount
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

**If you have more than 10 students who are receiving the same scholarship, please attach a list to the back of this form.

Do the students have to be enrolled full time to receive the scholarship? ___yes ___no
Note: The Financial Aid Office assumes full-time status is required for disbursement.
Is this scholarship a one time gift from the department or will it be awarded annually to other students? _____ one-time _____ annual

(Signature)	(Date)	(Department)
(Print Name)	(Phone #)	

If the student has applied for financial aid, this scholarship may reduce their other financial aid award(s). This scholarship will pay directly to the student's WMU account and will go toward any outstanding charges at the time of disbursement.

Questions? Contact Michelle Saigh, 7-6017

Return Completed Form to Michelle Saigh, Financial Aid

(For Financial Aid Use Only)

SAM CODE _____	Entry By _____	Date _____
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