



Office of Financial Aid Services

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SCHOLARSHIP ACCEPTANCE FORM 1920

NAME: _____

Student ID: _____

Scholarship/Award: _____

I accept this scholarship.

In accepting this scholarship, I understand that I must enroll as a full-time student, maintain Satisfactory Academic Progress in accordance with University standards, and meet any other criteria described in the scholarship award letter.

I am unable to accept this scholarship because _____

I understand that donors of scholarships to Montana State University request academic, financial and/or biographical information for the purpose of determining or maintaining a student's scholarship eligibility. Therefore, I authorize the release of my academic, financial and/or biographical information to a scholarship donor for the purpose of determining or maintaining my eligibility for a scholarship. I also grant permission to release appropriate information to the MSU Foundation and community as it applies to this award.

SIGNATURE

DATE