Montana State University-Bozeman

Correction ___

Scholarship Authorization Form (SAF)

Page _____ of _____

(Form must be typewritten)

Office of Financial Aid Services

College/Department _____ Contact Name _____ Phone Number _____

Name of Scholarship _____

MSUF Fund/Billing #_____ MSUF Project Code_____ FAS Fund Code_____ MSU Index #_____ Academic Year: 20___ - 20____

#	Name of Recipient	GID #	Donor Letter		Amount Authorized			Total	FAO Use
			Required	Not Required	Fall	Spring	Summer		
1									
2									
3									
4									
5									
6									
7									
	Name of Alternate								
1									
2									
3									
4									

Comments: _____

Subject to University Student Financial Aid Policy, I certify that funds are available for the above award(s) and that the above named individual(s) will satisfy all conditions established by the donor including having on file a copy of the student's letter of appreciation to the donor.

College/Department Authorization _____ Date _____

Financial Aid Approval _____ Date _____