

Montana State University-Bozeman
Scholarship Authorization Form

Office of Financial Aid Services

(Form must be typewritten)

Page _____ of _____

College/Department _____

Name of Scholarship _____

Bldg. Name & Room # _____ Phone # _____

Scholarship Fund Code Z _____ Academic Year: 20__ - 20__

#	Name of Recipient	Soc. Sec. No.	Donor Letter		Amount Authorized			Total	FAO Use
			Required	Not Required	Fall	Spring	Summer		
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									
11									
12									

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 if required under award criteria.

College/Department Authorization _____ Date _____

Financial Aid Approval _____ Date _____

Distribution: White--Financial Aid; Yellow--Financial Aid acknowledgement; Pink--Department