Scholarship Confirmation

Office of Student Financial Assistance
104 Fairchild Hall
Manhattan, KS 66506
(785) 532-6420

Type of support: ☐ Scholarship ☐ Award For the academic year: _____

Processing notes (required for awards):

Person submitting this form: _____ On behalf of: _____

Signature: _____ Date: _____

Instructions:

1. Submit a separate sheet for each account (fund) for which scholarships/awards are being made.
2. Please type or write in black ink as this form will be photocopied for presentation to the Student Aid Committee.
3. Submit completed form to KSU Office of Student Financial Assistance for scholarships or the KSU Foundation Donor Relations Department for awards.

Name of Scholarship_____

Foundation Acct #_____

OR

General Ledger: Project: _____Award: _____ Source:_____Org:_____

Student Name	EMPLID/WID	Total Amount	Fall Portion	Spring Portion

_____

Division of Financial Services