Departmental Scholarship Disbursement Authorization - Non Grant Funded

2016-17 Summer II 2016 - Summer I 2017

Scholarship Name _____ **Fund Code** _____

Scholarship Account Fund ID _____ **Department** _____ **Account** _____

Submission of this form by the department contact listed below serves as verification that you have read and understand the Western Michigan University Undergraduate Scholarship Awarding Policy, located at **wmich.edu/finaid/pdf/non-year/ScholarshipPolicy.pdf** and that all students receiving a scholarship meet all specified criteria.

Please email as a PDF attachment to **finaid-scholarship@wmich.edu**. If you have further questions, please contact Bonnie Ayers at (269) 387-6036.

Students' Names First, Last	WIN	Undergrad or Grad	Award Amounts Sum II '16	Fall '16	Spring '17	Sum I '17	Date Sent to Fin Aid	Comments
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Name of Dept. Contact Submitting Award _____ **Date** _____

Department Name _____ **Phone Number** _____