Departmental Scholarship Disbursement Authorization - Grant Funded

2017-18 Summer II 2017 - Summer I 2018

Scholarship Name _____ **Detail Code** _____

Scholarship Account Fund ID _____ **Dept. Cost Center** _____ **Account** _____

Grant Authorization by _____

*** Grant funded awards (Funds 25-30) MUST be authorized by Grants and Contracts prior to sending to Financial Aid.*

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 Nicole Martinez at (269) 387-6016.

Students' Names First, Last	WIN	Undergrad or Grad	Award Amounts Sum II '17	Fall '17	Spring '18	Sum I '18	Date Sent to Fin Aid	Comments

Name of Dept. Contact Submitting Award _____ **Date** _____

Department Name _____ **Phone Number** _____