



Departmental Scholarship Disbursement Authorization - Non Grant Funded

2017-18

Summer II 2017 - Summer I 2018

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 Nicole Martinez at (269) 387-6016.

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

Name of Dept. Contact Submitting Award _____ Date _____

Department Name _____ Phone Number _____