

Departmental Scholarship Disbursement Authorization - Grant Funded Summer II 2020 - Summer I 2021

Scholarship Name _____ Detail Code _____

UNIVERSITY	Scholarship A	ccount Fund	ID	Dept. Cost Center			Account		
						ards (Funds 25-30) MUST be authorize racts 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	Sum II '20	Award . Fall '20	Amounts Spring '21	Sum I '21	Date Sent to Fin Aid	Comments	
									
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me of Dept. Contact Submitting Award					Date				
partment Name						Phone Number			