WESTERN MICHIGAN UNIVERSITY
Student Financial Aid

Departmental Scholarship Disbursement Authorization - Non-Grant Funded Summer II 2024 - Summer I 2025

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/SchPolicy.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.

| AWARD AMOUNTS |

STUDENT NAME	WIN	UNDER-GRAD / GRAD	SUM II 2024	FALL 2024	SPRING 2025	SUM I 2025	DATE SENT TO FINANCIAL AID	COMMENTS

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

Department Name _____ **Phone Number** _____