## SCHOLARSHIP RECIPIENTS FALL '22 - SPRING '23 - SUMMER '23

Scholarship Name:								
Scholarship Code:	Department:							
Cost Center:								
***Enter amounts in Whole Dollars Only - Do Not use Cents***								

\*\*Recommended that Scholarship Award Totals are greater than \$50\*\*

		PI	** EASE RETURN THE ORIGINAL TO THE S	*ALL SHADED AREAS			/FN IF NO RECIPII	ENTS SELE	CTED	
Office Use Only: Posted by/Initials:		Posted	ENGLICION THE GRACIER TO THE	SHOEKHOM SEKKI	FALL '22 AWARD	SPRING '23 AWARD	SUMMER '23 AWARD		Does the student need to be fulltime (12 hr UG, 9 hr GR) to receive this award? (non Foundation awards)	Would you like us to send a letter & acceptance form to student:
SCHM	PF	AW	STUDENT'S NAME	FHSU ID#	AMOUNT	AMOUNT	AMOUNT	TOTAL	Y or N	Y or N
								0 0		
								0		
								0		
								0		
								0		
								0		
			ALTERNATES:				Grand Total	0		
documented in the d  savailable \$awarded criteria. If the recipie  All exceptions must in  The department that			In that the above recipient(s) meet all of the criteria for the scholarship listed above as donor authorization letter or in the case of departmental funds, meet the departmental ient does not meet the criteria, please indicate in comments why the exception was made. It be approved by the FHSU Foundation for Endowed funds. BEFORE THE SCHOLARSHIP IS AWARDED. It is awarding the funds will be responsible for payment on any scholarship that is over awarded.							
			arship is not being awarded, please note why it is	<u> </u>						
	AUTHORIZED SIGNATURE: #1 PRINTED NAME & TITLE:			Comments:						
				_						
	DATE:				Foundation approval:					