



Departmental Scholarship Award Form

- Please use this form to report departmental scholarships to Office of University Scholarships and Financial Aid (USFA)
- Processing of this form may take up to 14 working days depending on the time of year.
- Please return this form to USFA by campus mail or upload a scanned copy with the authorized signature to the USFA Scholar site. Please do not send it both ways.
- Due to VT FERPA requirements, this form **may not be emailed as an attachment**.
- If you have questions about this process or need access to the USFA Scholar site, please email scholarships@vt.edu

Departmental Scholarship Award Form Instructions

Academic year: The academic year in which the funds are to be applied (an academic year is Fall, Spring and Summer; respectively.)

Department Name: The department or college that has signature authority for the scholarship.

VTF Account Name: The name of the Foundation fund being used for this scholarship.

VTF Income Account #: Please be sure to provide the correct account number. For endowed funds, provide the income account number.

Fund Classification: NAMS: Need and Merit NOMS: Need OR Merit SCHL: Unrestricted
NSCH: Need Based MSCH: Merit Based

Enrollment:	FT:	UG- 12 credit hrs or more	GR- 9 credit hrs or more
	TQ:	UG- 9-11 credit hrs	GR- 7-8 credit hrs
	HT:	UG- 6-8 credit hrs	GR- 5-6 credit hrs
	LT:	UG- 5 credit hrs or less	GR- 4 credit hrs or less

Authorized User/Signature: The signature must be one of Authorized User in the VT Foundation records.

Contact Person/Email/Phone Number: Please provide the name of the person to contact with questions regarding the form.

Recipient Name: Name of scholarship recipient(s)

VT ID Number: Please provide an accurate VT ID Number to ensure scholarship is awarded to correct student.

Fall/Spring/Summer 1/Summer 2: Please provide the amount that should be awarded for the specific semester.

Departmental Scholarship Award Form

SCAWLR_02_09_2011

Date		Academic Year	
Department Name		Dept Org. Code	
VTF Account Name		VTF Income Account #	

Indicate the fund classification NAMS _____ NOMS _____ SCHL _____ NSCH _____ MSCH _____

Indicate minimum enrollment to receive award FT _____ TQ _____ HT _____ LT _____

In making this award, I have reviewed the relevant selection criteria established for the Foundation scholarship and certify that the recipient student(s) satisfy those guidelines. I also certify that there are sufficient funds in the account or accounts charged.

Authorized User	
Authorized User Signature	
Contact Person	
Contact Email & Phone Number	

<u>Name</u>	<u>VT ID Number</u>	<u>UG/GR</u>	<u>Fall</u>	<u>Spring</u>	<u>Summer 1</u>	<u>Summer 2</u>	<u>Total</u>
Sally Scholarship	905868473	UG	\$ 500.00	\$ 500.00			\$ 1,000.00
							\$ -
							\$ -
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