Department: _____   **Email:** _____

Contact Person: _____   **Phone Number:** _____

Please complete this form only if (check one):

This is a new Scholarship account.

This is a change to an existing scholarship account.   **Banner Fund:** _____

This is a request to inactivate an existing scholarship account.

Scholarship Information	
Full Scholarship Name *(maximum of 200 characters)*	
Short Scholarship Name *(maximum of 30 characters, visible to students)*	
SAP Cost Center #	
SAP Fund #	
SAP Internal Order # *(if applicable)*	
Endowment Account # *(for only DF, McCoy, Univ endow)*	
Funding Source	
If an Endowed Account, select one	
If a Non-Endowed Account, select one	
Criteria	
Level of Study *(if left blank, all levels will remain eligible)*	Undergraduate Post-Bach Graduate Special Professional Doctoral
Required Academic College *(if applicable)*	
Required Eligible Major(s) *(if applicable)*	
Minimum UG Enrollment Hours Required per Term *(if applicable)*	
Minimum Grad Enrollment Hours Required per Term *(if applicable)*	
Funds for Research Related Expenses Only	
Funds for Tuition and Fees Only	