

## **Scholarship Recipient List**

- Submitting this form for processing certifies that the available budget in SAP has been verified and approved by the applicable account manager and there are sufficient funds to cover the below requested award(s). See <u>University Scholarship Policy (UPPS No. 02.05.01</u>) for general procedures and policies.
- Please indicate if these funds are to be used for specific research related expenses:

□ No □ Yes (If yes, additional information may be requested.)

• Email the Scholarship Recipient List to: <a href="mailto:scholarships@txstate.edu">scholarships@txstate.edu</a> for processing.

Scholarship Information				
Requestor Name:				
Today's Date:				
Department:				
Scholarship Name:				
SAP Cost Center #:				
SAP Fund #:				
Banner Fund #: (if known)				
Development Fund #: (if DF)				

Academic Year (choose one):

2023 – 2024

2024 – 2025

Recipient Information			Award Amount			
Student Name	Student ID	Nonresident* (Y/N)	Fall	Spring	Summer	
*Note: If the student is non may qualify to pay the in-st qualify, per <u>TEC 54.213</u> , pl	ate tuition and fee	rate through the	Competitive Sch	nolarship Waiver.	If they do	

Student Business Services.

Student Name	Student ID	Nonresident* (Y/N)	Fall	Spring	Summer

\*Note: If the student is nonresident and receiving a competitive scholarship of at least \$1,000 per year, they may qualify to pay the in-state tuition and fee rate through the Competitive Scholarship Waiver. If they do qualify, per <u>TEC 54.213</u>, please complete the appropriate <u>Non Resident Tuition Waiver Form</u> and submit to Student Business Services.