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UTSA ID

Student's Last Name

Student's First Name

2011-2012 UTSA Outside Scholarship Form

Office of Student Financial Aid and Enrollment Services (SFAES)
University of Texas at San Antonio, One UTSA Circle, San Antonio, Texas 78249-0687
1-800-669-0919 Fax (210) 458-4638 financialaid@utsa.edu www.utsa.edu/financialaid

If you are expecting any **outside scholarships** to fund your education, please complete this form and return it to SFAES along with other supporting documentation. If there are additional scholarships that cannot be added to this form, please attach a separate sheet. **Please complete all areas.** Please note that if your financial aid has already disbursed, you may see adjustments made to already disbursed aid to make room for scholarships. If your aid has not disbursed, you may see adjustments made to pending aid.

SCHOLARSHIP NAME: _____

CONTACT NAME: _____ **CITY:** _____

ADDRESS: _____ **STATE:** _____ **ZIP CODE:** _____

TELEPHONE NUMBER: (___)_____ **EMAIL:** _____

Total Award Amount: $_____ and Disbursement Information (Please circle award term below and enter amount per term)

Fall Only: $_____ Spring Only: $_____ Split between Fall/Spring: $_____/_____ Summer: $_____

SCHOLARSHIP NAME: _____

CONTACT NAME: _____ **CITY:** _____

ADDRESS: _____ **STATE:** _____ **ZIP CODE:** _____

TELEPHONE NUMBER: (___)_____ **EMAIL:** _____

Total Award Amount: $_____ and Disbursement Information (Please circle award term below and enter amount per term)

Fall Only: $_____ Spring Only: $_____ Split between Fall/Spring: $_____/_____ Summer: $_____

SCHOLARSHIP NAME: _____

CONTACT NAME: _____ **CITY:** _____

ADDRESS: _____ **STATE:** _____ **ZIP CODE:** _____

TELEPHONE NUMBER: (___)_____ **EMAIL:** _____

Total Award Amount: $_____ and Disbursement Information (Please circle award term below and enter amount per term)

Fall Only: $_____ Spring Only: $_____ Split between Fall/Spring: $_____/_____ Summer: $_____

COMPLETE CERTIFICATION STATEMENT

Your signature on this document confirms your acknowledgement of the following:

- I certify that the information I submit for review is true and correct to the best of my knowledge and belief.
- I understand that SFAES may be required to adjust my awards to account for the scholarships and/or resources listed above.
- During peak seasons, there may be a 5-7 business day processing time for the request.

_____ _____ _____

Student Signature Student Phone Number Date

PRIVACY NOTICE

With a few exceptions, you are entitled to be informed about the information U.T. San Antonio collects about you. Under Sections 552.021 and 552.023 of the Texas Government Code, you are entitled to receive and review this information. Under Section 559.004 of the Texas Government Code, you are entitled to have U.T. San Antonio correct information about you that is held by us and that is incorrect, in accordance with the procedures set forth in the University of Texas System Business Procedures Memorandum 32. The information that U.T. San Antonio collects will be retained and maintained as required by Texas records retention laws (Section 441.180 et seq. of the Texas Government code) and rules. Different types of information are kept for different periods of time.

RRAAREQ Code: **OSCH, OSCH2 OSCH3**

Revised on 5/19/11

OFFICE USE ONLY

Date Received in SFAES: _____

Entered on RRAAREQ by: _____

Processed by: _____

Webx Code: **FA_OSCH**