



# Scholarship Recommendation Form 2014-2015

Date: \_\_\_\_\_ Foundation Account #: \_\_\_\_\_

Campus: \_\_\_\_\_ ProSam AIDID #: \_\_\_\_\_

## I. General Information

Scholarship Name: \_\_\_\_\_

Scholarship Coordinator/Account Administrator: \_\_\_\_\_

Student's Name: \_\_\_\_\_ MDID: \_\_\_\_\_

## II. Disbursement Guidelines

Awarded amount for each term:

Fall (14-1) \$: \_\_\_\_\_ Spring (14-2) \$: \_\_\_\_\_ Summer (14-3) \$: \_\_\_\_\_

Scholarship funds will be used to cover:

\_\_\_\_\_ Tuition      \_\_\_\_\_ Tuition and books      \_\_\_\_\_ Tuition, books, and supplies

Recommended by: \_\_\_\_\_ Approved by: \_\_\_\_\_  
Account Administrator      Provost/Campus President/Dean/Executive Director

### FOR DISTRICT FINANCIAL AID OFFICE USE ONLY

The aforementioned information has been reviewed in the Financial Aid Office with the following results:

\_\_\_\_\_ Processed as indicated      \_\_\_\_\_ Could not process, unmet need exceeded

\_\_\_\_\_ Could not process, no funds      \_\_\_\_\_ Unable to comply with requested because:

\_\_\_\_\_

Signed: \_\_\_\_\_  
Director of Scholarship Programs

Date: \_\_\_\_\_

**\*\*After processing, return a copy of this form to: Yadira M. Codina, Interim Director of Scholarship Programs, District Financial Aid Office, Room 1127, Kendall Campus\*\***