	(	Contact Person:		Phone Number:	
natory Authority:	2	Signature:			
vost / CFO:	-Tint)				
	i	s) Award/Scl	holarship		
und #:	Org. #:	Account. #:	<u>7020</u> I	Prog. #:	
	Activity #:	Location #	•		
If authorizin	g an award, is th	e award refundable	to the student	t? Yes No	
Student Numb	per Last Nam	e First Name	Term	\$ Amount	
	Attach an Excel spreadshe	eet with total (if needed).	Grand Total:	S	
Explanation of Av	•	,			
1					
	on:				
Detailed Description	OII.				
Detailed Description					
	Attach ad	ditional documents if r	•		
Defini	Attach ad	olarship/award. Charg	ge - Bill to stude		
<b>Defini</b> 1. Academic Afford  Provost. All of	Attach ad tions: Award - Scho airs, Student Affair others submit to the	olarship/award. Charg s and Enrollment Mand CFO for review.	ge - Bill to stude agement, submit	to the Office of the	
Definite  1. Academic Afford  Provost. All of 2. Deliver to: Students	Attach ad tions: Award - Scho uirs, Student Affair, others submit to the udent Business Serv	olarship/award. Charg s and Enrollment Mand CFO for review. <b>ices (203 Pierce Hall</b> –	ge - Bill to stude agement, submit — <b>ebill.emich.ed</b>	to the Office of the	
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