

University of Wisconsin Oshkosh
SCHOLARSHIP DISBURSEMENT AUTHORIZATION

Date:	
Fund Name:	
Fund Number:	
Scholarship Name: (if different than fund name)	

Source of Funding: UW Oshkosh Foundation University Account

Scholarships will be applied to recipients' student accounts, divided evenly among the semesters indicated, unless noted otherwise. Awards cannot be paid via check.

Student Name: _____ **Student ID:** _____
Amount:
 Fall 20____ Spring 20____ Summer 20____

Student Name: _____ **Student ID:** _____
Amount:
 Fall 20____ Spring 20____ Summer 20____

Student Name: _____ **Student ID:** _____
Amount:
 Fall 20____ Spring 20____ Summer 20____

This award is a surprise. The student(s) will be notified on: _____

Alternates are required for awards disbursed in future semesters. If the original recipient becomes ineligible, the award will be disbursed to an alternate after the department is notified. Scholarships with up to four recipients only require one alternate.

First Alternate Student Name: _____ **Student ID:** _____
Amount:
 Fall 20____ Spring 20____ Summer 20____

Second Alternate Student Name: _____ **Student ID:** _____
Amount:
 Fall 20____ Spring 20____ Summer 20____

 Prepared by: Name (please print/type)

 Signature

 Authorized by: Name (please print/type)

 Signature

*Must be signed by individual with signature authority for this fund on record.