

# UNIVERSITY OF MISSOURI

COLUMBIA -  KANSAS CITY -  ROLLA -  ST. LOUIS

## SCHOLARSHIP OR FELLOWSHIP RECOMMENDATION

TO: The Chancellor

I recommend the following named individual(s) be given the award(s) indicated below:

1. NAME (LAST. FIRST. MIDDLE)		2. FEDERAL IDENT. NUMBER		3. STUDENT NUMBER	
4. HOME TOWN (TOWN AND STATE)		5. DIVISION (A&S, Med, Grad, Etc.)		6. YEAR (Soph. Grad. Etc.)	
7. NAME OF AWARD		<input type="checkbox"/> SCHOLARSHIP <input type="checkbox"/> FELLOWSHIP <input type="checkbox"/> OTHER (Specify)			
8. PAYABLE FROM (FUND NAME(S) AND FUND CODE NUMBER(S))					
9. TOTAL STIPEND CASH \$                      PLUS FEES \$		10. FOR PERIOD (DATES)		11. PAYABLE BY <input type="checkbox"/> MO. <input type="checkbox"/> SEM. <input type="checkbox"/> YEAR	
12. IN EQUAL PAYMENTS OF \$		13. WITH FIRST CHECK (DATE)		14. WITH LAST CHECK (DATE)	
15. IF INSTALLMENTS ARE NOT EQUAL AND/OR MORE THAN ONE FUND IS INVOLVED, INDICATE PAYMENT SCHEDULES BELOW					
DATE	AMOUNT	FUND CODE	DATE	AMOUNT	FUND CODE
16. IT IS UNDERSTOOD THAT NO SERVICES ARE REQUIRED TO BE RENDERED TO THE UNIVERSITY FOR THIS STIPEND THIS ACTION <input type="checkbox"/> REVISES <input type="checkbox"/> RESCINDS PREVIOUS PAPER DATED:					
17. COMMENTS:					
18. FISCAL OFFICE APPROVAL		19. DATE		20. RECOMMENDED BY: (DEAN. DIRECTOR. OR ADMINISTRATIVE HEAD)	
		21. DATE		22. APPROVED BY: (CHANCELLOR. OR AUTHORIZED REPRESENTATIVE)	