

MILLERSVILLE UNIVERSITY
AUTHORIZATION TO CHANGE DISBURSEMENT
SCHOLARSHIP/AWARD FUNDS

Name of Recipient:

Last

First

M.I.

Student ID Number:

Annual Amount:

Academic Year:

Year/Term	Previously Approved Scholarship Amount	Revised Scholarship Amount
Summer		
Fall		
Spring		

Account Name:

Account Number:

If athletic, specify name of sport:

Hold for Honors and Awards: Yes No

COMMENTS: (Reason(s) for change).

Authorized by: _____
 Signature/Issuing Office

 Signature/Development Office

Issuing Office

Date

Cleared by: _____
 Coordinator of University Scholarships

- (white) Copy 1 Accounting Office (Foundation only)
- (canary) Copy 2 Financial Aid
- (pink) Copy 3 Issuing Office

Financial Aid Use Only	
___ Fund _____	
Foundation: ___ Yes ___ No	
___ Resource _____	(athletic book funds only)