

MILLERSVILLE UNIVERSITY

AUTHORIZATION TO DISBURSE SCHOLARSHIP/AWARD FUNDS

Name of Recipient:

Last

First

M.I.

Student ID Number:

Annual Amount:

Academic Year:

Year/Term	Amount of Scholarship
Summer	
Fall	
2 Spring	

Account Name

Account Number

If athletic, specify name of sport

Hold for Honors and Awards: Yes No

Please credit student's account, unless indicated below:

Disburse check make payable to student

Other (specify)

Authorized by: _____

Signature/Issuing Office

Signature/Development Office

Issuing Office

Date

Cleared by: _____

Coordinator of University Scholarships

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

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