



## Undergraduate/Law/Medical Scholarships/Awards Authorization

Please list recipients **alphabetically, last name first**. If a student will be attending a USC regional campus, please indicate which campus next to the student's name.

**THIS OFFICE ASSUMES THAT ALL STUDENTS MUST REGISTER ON A FULL-TIME (12 hours) BASIS TO RECEIVE A SCHOLARSHIP UNLESS INDICATED BELOW.**

ACADEMIC YEAR: \_\_\_\_\_

DEPARTMENT: \_\_\_\_\_ DEPARTMENT ID: \_\_\_\_\_

FUND NAME: \_\_\_\_\_ ED FOUNDATION NUMBER \*: \_\_\_\_\_  
(Only one fund per page. If paid from an Ed Foundation account, list that number above. If paid from a departmental account, list the account number below.)

OPERATING UNIT: \_\_\_\_\_ DEPT NUMBER: \_\_\_\_\_ FUND NUMBER: \_\_\_\_\_ CLASS CODE: \_\_\_\_\_

CHECK IF REVISION	LAST NAME, FIRST NAME	BANNER ID	TOTAL FALL & SPRING AWARD	ENROLLED LESS THAN FULL-TIME	GRADUATING FALL	ACCOUNT ENDING
<input type="checkbox"/>				<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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Comments: \_\_\_\_\_

Departmental Authorizing Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Department Contact Person: \_\_\_\_\_ Phone No.: \_\_\_\_\_

Contact E-Mail Address: \_\_\_\_\_

\*My signature above certifies that these awards are in compliance with the Ed Foundation project's gift agreement if applicable. To obtain a copy of a gift agreement, please contact the Educational Foundation at 777-1466.

-----*For Student Financial Aid and Scholarships Use Only*-----

UC \_\_\_\_\_ Input Date: \_\_\_\_\_