



INDIANA STATE UNIVERSITY GRADUATE STUDENT ACADEMIC SCHOLARSHIP AWARD

Student Name: _____ ISU ID #: _____

Department: _____ College / School: _____

Funding Dept: _____ Funding Index: _____

Person Completing Form: _____ Contact Number: _____

Year	Term	Hours Awarded
20 _____	Fall	_____
20 _____	Spring	_____
20 _____	Summer I	_____
20 _____	Summer II	_____

Student Acknowledgement

This Scholarship covers tuition for the hours awarded, and does not include other fees such as building, student services and technology fees, for the period of the contract indicated above. Any unused portion of this award is non-transferable. The policies and fee authorizations must be followed for all semesters including summer terms. For continued eligibility requirements, refer to the latest edition of the Graduate Catalog. You must make satisfactory progress toward your degree and maintain a minimum cumulative GPA of 3.00 (some academic units may require higher GPA) in order to retain this scholarship. Under the provisions of the Tax Reform Act of 1986, this scholarship may be taxable in whole or part, depending on your individual situation. It is each awardee's responsibility to consult with his or her own tax advisor to determine the proper tax status of this award. The University may be required to report the amount of this award to the Internal Revenue Service.

I hereby accept the scholarship under the above terms:

Signed: _____ Date: _____

Approval Signatures

I have verified that the student named above meets the eligibility requirements for a graduate student academic scholarship, and that the funds are available for payment.

Department Chairperson or Department Head	Date
Dean, College or School	Date
Dean, School of Graduate Studies	Date

Comments:

Residency Status

- Resident
 Non-Resident

GPA _____

Distribution:	Graduate School White Copy	Dean Gold Copy	Department Canary Copy	Student Pink Copy
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