

  
**College of Graduate and Professional Studies**

INDIANA STATE UNIVERSITY

**TUITION FELLOWSHIP AND SCHOLARSHIPS**

(Must accompany Graduate Assistantship Pay Authorization)

Student Name: \_\_\_\_\_ ISU ID #: \_\_\_\_\_  
 Department: \_\_\_\_\_ College / School: \_\_\_\_\_  
 Funding Dept: \_\_\_\_\_ Funding Index: \_\_\_\_\_  
 Person Completing Form: \_\_\_\_\_ Contact Number: \_\_\_\_\_

Year	Term	Hours Awarded
20 _____	<b>Fall</b>	_____
20 _____	<b>Spring</b>	_____
20 _____	<b>Summer</b>	_____

**Student Acknowledgement**

This financial scholarship award covers a significant portion of the approved tuition and fees. The award does not include mandatory student fees (such as recreation center fees). Additionally, all graduate student recipients will be responsible for a modest fixed rate fee per credit hour. This fee is indexed to tuition and will increase annually. Any unused portion of this award is non-transferable. For eligibility requirements, please refer to the Graduate Assistantship and Scholarship/Fee Waiver Award Guidelines. The University may be required to report the amounts of this award to the Internal Revenue Service. Please be aware that this award may impact other finance aid awards.

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.

\_\_\_\_\_  
Principal Investigator, Grant (if applicable) \_\_\_\_\_  
Date

\_\_\_\_\_  
Department Chairperson or Department Head \_\_\_\_\_  
Date

\_\_\_\_\_  
Dean, College or School \_\_\_\_\_  
Date

\_\_\_\_\_  
Dean, College of Graduate and Professional Studies \_\_\_\_\_  
Date

Comments: _____  	To be completed by Hiring Department (not CGPS): Admission Status: _____ Residency Status Major: _____ <input type="checkbox"/> Resident Degree: _____ <input type="checkbox"/> Non-Resident Attempted Hours: _____ GPA _____
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