DESIGNATION OF UNIVERSITY OF MAINE SCHOLARSHIP 2017-18 COMPLETE THIS FORM TO AWARD YOUR DEPT. SCHOLARSHIP FUNDS FOR THE ACADEMIC YEAR

Scholarship Title:					
Program Code:					
* Summer awards charged to F' be charged to your FY18 (201 * If the award has an uneven dis	petween the fall and spring semestory of the fall and spring semestory of the fall and spring seminary of the	Y <u>JUNE 23rd.</u> ing FY17 Fund ount for each t	After that da s please <u>use</u> erm in which p	te summer awar 2016-2017 Form payment is reque	ds will <u>1</u> . ested.
		Fall	Spring	Summer	Total
Student Name	MaineStreet ID #	(1810)	(1820)	(1830)	Award
				TOTAL:	
epartment:			Phone Number :		
Name and Title:					_

Note: Payment of tuition credits related to a graduate teaching or research assistantship or payment of graduate health insurance related to an assistantship are processed directly through the Graduate School on a Graduate Assistant and Appointment Authorization Form.

Signed:

If you have questions, please call Caryl Willette at 1-3092.

Return to: Office of Student Financial Aid, Wingate Hall, Fax 581-3261