DESIGNATION OF UNIVERSITY OF MAINE SCHOLARSHIP 2018-19 COMPLETE THIS FORM TO AWARD YOUR DEPT. SCHOLARSHIP FUNDS FOR THE ACADEMIC YEAR

Scholarship Title:					
Program Code:					
Instructions:					
* If the award is evenly divided betwee	en the fall and spring semeste	rs, simply enter	r the total unde	er the "total" colu	mn.
* Summer awards charged to FY17 M	UST BE IN THIS OFFICE BY	JUNE 23rd.	After that date	e summer award	s will
be charged to your FY18 (2017-2018	3) Scholarship Budget. If usir	ng FY18 Funds	please use 2	017-2018 Form.	
* If the award has an uneven distribution * Funds disbursed to students through					
		Fall	Spring	Summer	Total
Student Name	MaineStreet ID #	(1910)	(1920)	(1930)	Award
				TOTAL:	
Department:			Phone Nun	nber :	
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