

MUST BE TYPED

EAST TENNESSEE STATE UNIVERSITY Scholarship Authorization Form

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Please allow 15 business days for processing. Incomplete forms will not be processed. Accounts with insufficient funds will not be processed.

Scholarship Name _____ Academic Year _____
 College/Dept _____ Fund Code/Detail Code/Exempt # _____
 Contact Person _____ Phone _____

Voyager Chart of Account Number (VCOA) - Required

				79712	550			
Entity (2 digits)	Organization (5 digits)	Fund (6 digits)	Fund Type (3 digits)	Account (5 digits)	Functional Class (3 digits)	Purpose (3 digits)	Activity (3 digits)	Site (3 digits)

	Name of Recipient	Student EID (required)	If approving enrollment for Less Than Full Time hours, indicate the approved enrollment hours	Increase Prior Award (Yes)	Cancel Award (Yes)	Total Fall Amount	Total Spring Amount	Total Summer Amount	Total (Fall + Spring + Summer)
1									
2									
3									
4									
5									
6									
7									
8									
9									
10									

Comments: _____

Grand Total

I certify that the recipients listed above meet or exceed the criteria established for this scholarship.

Departmental Approval Signature _____

Date _____

Typed Approval Name _____

Send Completed Forms:

Former Chart E Acct - Send to Financial Aid & Sch Office, Box 70722
Former Chart F Acct - Foundation Sch - Send to Foundation Accounting, Box 70732

Foundation Accounting Use Only
AR Detail Code _____
Fund # _____