

# UNIVERSITY OF MISSOURI

COLUMBIA -  KANSAS CITY -  ROLLA -  ST. LOUIS

## SCHOLARSHIP OR FELLOWSHIP RECOMMENDATION

TO: The Chancellor

I recommend the following named individual(s) be given the award(s) indicated below:

|  |        |                                    |      |  |           |
|--|--------|------------------------------------|------|--|-----------|
| 1. NAME (LAST. FIRST. MIDDLE)  |        | 2. FEDERAL IDENT. NUMBER           |      | 3. STUDENT NUMBER  |           |
| 4. HOME TOWN (TOWN AND STATE)  |        | 5. DIVISION (A&S, Med, Grad, Etc.) |      | 6. YEAR (Soph. Grad. Etc.)   |           |
| 7. NAME OF AWARD <span style="float: right;"><input type="checkbox"/> SCHOLARSHIP <input type="checkbox"/> FELLOWSHIP <input type="checkbox"/> OTHER (Specify)</span>  |        |                                    |      |  |           |
| 8. PAYABLE FROM (FUND NAME(S) AND FUND CODE NUMBER(S))   |        |                                    |      |  |           |
| 9. TOTAL STIPEND<br>CASH \$ <span style="margin-left: 100px;">PLUS FEES \$</span>  |        | 10. FOR PERIOD (DATES)             |      | 11. PAYABLE BY<br><input type="checkbox"/> MO. <input type="checkbox"/> SEM. <input type="checkbox"/> YEAR |           |
| 12. IN EQUAL PAYMENTS OF \$  |        | 13. WITH FIRST CHECK (DATE)        |      | 14. WITH LAST CHECK (DATE)   |           |
| 15. IF INSTALLMENTS ARE NOT EQUAL AND/OR MORE THAN ONE FUND IS INVOLVED, INDICATE PAYMENT SCHEDULES BELOW  |        |                                    |      |  |           |
| DATE   | AMOUNT | FUND CODE                          | DATE | AMOUNT   | FUND CODE |
|  |        |                                    |      |  |           |
| 16. IT IS UNDERSTOOD THAT NO SERVICES ARE REQUIRED TO BE RENDERED TO THE UNIVERSITY FOR THIS STIPEND<br>THIS ACTION <input type="checkbox"/> REVISES <input type="checkbox"/> RESCINDS PREVIOUS PAPER DATED: |        |                                    |      |  |           |
| 17. COMMENTS:  |        |                                    |      |  |           |
| 18. FISCAL OFFICE APPROVAL   |        | 19. DATE                           |      | 20. RECOMMENDED BY: (DEAN. DIRECTOR. OR ADMINISTRATIVE HEAD)   |           |
|  |        | 21. DATE                           |      | 22. APPROVED BY: (CHANCELLOR. OR AUTHORIZED REPRESENTATIVE)  |           |