**Scholarships/Grants: Please fax form with account # and required Dean/Department Head/Principal Invest**

**Signature to 615-963-2929 by the Deadline Date for the desired Semester.**

**Graduate Assistantships: Please submit to the Graduate School 14 days prior to the deadline date. The**

**Graduate School will fax to Office of Scholarships by the deadline date\*\*\***

**Tennessee State University**

**Office of Scholarships**

**Scholarships/Grants/Graduate Assistantships Deadline Dates Fall & Spring Semester July 15th Summer Semester April 1st**

**AUTHORIZATION TO CREDIT AWARD TO STUDENT ACCOUNT**

**(All Information must be typed.)**

**Name of Scholarship: Contact Name: Phone: \_**

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| **Student Name** | **T-Number** | **Amount** | **Refund Authorization**  **(Yes/No)** | **Academic Year**  **e.g. 2009-2010** | **Comments** |
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**Budget & Fiscal Planning (Account # Starting with 1 Fund)**

**Grants Accounting (Account # Starting with 2 Fund)**

**Foundation (Account # Starting with 7 Fund)**

Fund ORG ACCT. & Program

Dean/Dept Head- Approval/Date:

Fund ORG ACCT. & Program

Principal Invest- Approval/Date:

Fund ORG ACCT. & Program

Dean/Dept Head- Approval/Date:

Budget Office- Approval/Date:

Grants Accounting- Approval/ Date:

Foundation Director- Approval/Date:

**Office of Financial Aid- Approval/Date:**

Assoc. VP Business & Finance- Approval/Date:

Revised 12/01/09