

To: Tax Department
From: (Name) _____
(Dept/School) _____
(Phone) _____
(E-Mail) _____

Academic Year: _____ (specify)

Enrollment Requirments (Scholarship)	Account Number	Student Address (local)	Student Name	SSN	Visa Type	Scholarship/ Award/Prize Name	Amount to be pd in Fall	Amount to be pd in Spring	Amount to be pd in Summer	Total Award
Min Hours=										
Min Hours=										
Min Hours=										

Under penalties of perjury, I certify that the number shown on this form is my correct tax payer identification number, the IRS has not notified me that I am not subject to backup withholding and the information regarding citizenship/Visa type is correct.

Recipient - Student Signature (required)** Date

**PLEASE COMPLETE YOUR GLACIER FILE (required)

Scholarship Administrator Date

Business Manager Authorization*** Date

***Direct Invoice Voucher Required