



**Scholarship/Fellowship---CORRECTION FORM**

Please note: Only the changes that need to be made are necessary on this form.

DATE: \_\_\_\_\_

Name of Fund: \_\_\_\_\_

FAMIS Account# \_\_\_\_\_ Fundcode # \_\_\_\_\_ Dept. Code \_\_\_\_\_

\*PLEASE INCLUDE THE FOLLOWING INFORMATION CONCERNING YOUR NEW ACCOUNT FOR PROCESSING BY THE SCHOLARSHIPS OFFICE:

Is this a Scholarship or a Fellowship? \_\_\_\_\_

How do you wish for the funds to be paid?  Lump sum (once per semester) or  Multiple disbursements (monthly)

What is the maximum award amount (per year) of this scholarship or fellowship? \_\_\_\_\_

What is the maximum number of semesters this scholarship or fellowship is awarded \_\_\_\_\_ (# of semesters: 8, 4, 2, 1)

What is the minimum enrollment a student must carry in order to receive this fund? **Full-time**  $\frac{3}{4}$  time  $\frac{1}{2}$  time

Are there specific criteria for this scholarship or fellowship? (Circle One) **YES** (Specific) **NO** (Unspecified)

List specific criteria or attach separate sheet: \_\_\_\_\_

Circle appropriate answer:

- Does the donor of this fund wish to remain anonymous? (AN) **YES** **NO**
- Is this scholarship or fellowship recipient selected by the donor? (DS) **YES** **NO**
- Is the donor of these funds deceased? (DC) **YES** **NO**
- Does this scholarship or fellowship qualify for a non-resident tuition waiver? (NRW) **YES** **NO**
- Are Grades to be sent to the donor? (GR) **YES** **NO**
- Are Thank You Letters to be sent to the donor? (TY) **YES** **NO**
- May a student receive these funds if enrolled less than full-time due to Co-op or final semester before graduation? (Full-time = 12 hours for undergraduate and 9 hours for graduate/professional students) **YES** **NO**

Where are funds being held or endowed? (check which on applies)

**Association (A)**       **Foundation (F)** \_\_\_\_\_ Acct number       **Fiscal (S)**

Is the account still active and utilized  or Is this account obsolete, not utilized  **(Check one)**

List Donor or Contact (circle one) person for this scholarship (Who is the donor contact i.e. a spouse, child, or trustee if your college or department is responsible list the college or department contact person)

Name \_\_\_\_\_

Address \_\_\_\_\_

Phone number \_\_\_\_\_

Department or College Contact Name \_\_\_\_\_

Telephone (\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_ Mail Stop \_\_\_\_\_ Email address \_\_\_\_\_

PLEASE FORWARD FORM to:

Jessica Merchant  
 Scholarships & Financial Aid  
 MS 1252  
 979-458-5383  
 Email: jmerchant@tamu.edu

\_\_\_\_\_  
**Signature by Dean or Department Head for approval of changes.**