Correction Form for Scholarship/Fellowship Account Set-up

Date ____________________        Fund code ________________

Name of Account ____________________________________________

Old FAMIS Account# ___________________ New FAMIS Account# __________

Semester correction takes effect ______________ (ex: Fall 2017, Spring 2018)  Department Code __________

Please provide information pertaining only to changes that need to be made.

Is this a Scholarship or a Fellowship?  □ Scholarship  □ Fellowship

How should fellowship pay?  □ 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, 6, 4, 2, 1)

What is the minimum enrollment a recipient must carry?  □ Full-time  □ ¾ time  □ ½ time  □ Less than ½

List specific criteria changes for this account (or documentation) ________________________________________________________________

Check appropriate answer(s):

Does the donor of this fund wish to remain anonymous?  □ Yes  □ No

Is the donor of these funds deceased?  □ Yes  □ No

Are grade reports to be sent to the donor?  □ Yes  □ No

Are Thank You Letters to be sent to the donor?  □ Yes  □ No

Is the fund’s recipients selected by the donor?  □ Yes  □ No

Does this fund qualify for a non-resident tuition waiver?  □ Yes  □ No

May student receive these funds if enrolled less than minimum due to co-op, internship, study abroad or final semester before graduation?  □ Yes  □ No

Where are funds held or endowed?

□ Association (A)  □ Foundation (F) Acct number __________  □ Fiscal (S) Acct number __________

Is the account still active and utilized?  □ Yes  □ No

List Donor or Contact (circle one) person for this scholarship

Name ______________________________________________________________________________________________

Address__________________________________________________________________________________________

Mail Stop ______________________________ Email address ____________________________________________

Telephone (___) _______ - ______

Please submit signed form to:
Jessica Merchant
Scholarships & Financial Aid
MS 1252
979-458-5383
Email: jmerchant@tamu.edu

________________________________________________________
Signature of Dean or Department Head for Approval of Correction