Instructions for Completing the Private Outside Scholarship Form

(A private outside scholarship comes from a source outside the university, i.e., clubs, educational foundations, organizations, etc.)

Section I: Student and Donor Information

Complete this section when reporting a private outside scholarship, submitting a check or requesting verification of enrollment. See further explanations below.

- **Student name, university identification number (UIN):**
  This is required information so that we can report/apply the private outside scholarship to the correct student account.

- **Private outside scholarship name (if different from donor’s name):**
  We request this information so that we can keep track of which private outside scholarships you have received.

- **Contact person, donor telephone, mailing address:**
  We request this information so that we may contact the private outside scholarship donor if a question arises concerning your scholarship.
  ***You may leave blank any of the information you do not know.

- **Total award for the academic year:**
  Fill this in only when you are reporting a private outside scholarship.

- If you are submitting a check, leave this line blank.

Section II: Submitting a Check

Complete this section ONLY when attaching a check to this form.

- **PLEASE STAPLE THE CHECK TO THE FORM**
  If the check is made payable to you, please endorse the check before attaching it to the form.

- **Check to be applied to:** (fall only*; spring only, full academic year**; summer only)
  *If you check the fall only box, OSFA will assume that this is a one-time payment and will process for only the term indicated.

  **Private outside scholarship funds for the full academic year will be disbursed in two installments – half in the fall semester and half in the spring semester.

  Please note: these procedures will be followed unless the scholarship donor notifies OSFA otherwise.

Section III: Requesting Verification of Enrollment

Complete this section only if the donor requires verification of your enrollment before sending us the check.
Outside Scholarship Form

Office of Student Financial Aid
University of Illinois at Urbana-Champaign
620 East John Street – MC 303
Champaign, IL 61820-5712
Fax (217) 265-5516 Phone (217) 333-0100

Today’s Date: ___________________________ For Academic Year: ___________________________

Please read instructions before completing this form.

Section I: Student and Donor Information

Student Last Name ___________________________ First Name ___________________________ MI ___________________________

University Identification Number (UIN) ___________________________

Name of Donor ___________________________ Private Outside Scholarship Name (if different from Donor Name) ___________________________

Contact Person ___________________________ Donor Telephone Number ___________________________

Donor Address (Street) ___________________________ (City) ___________________________ (State) ___________________________ (Zip) ___________________________

Total Award for academic year: $ ___________________________

Section II: Submitting a check

Complete this section ONLY when attaching a check to this form.

Date of Check: ___________________________ Check Number: ___________________________ Amount of Check: $ ___________________________

This check is to be applied to:

☐ Fall Only ☐ Spring Only ☐ Full Academic Year ☐ Summer Only

If you check Fall only, will you receive a second check for the Spring Semester? ☐ Yes ☐ No

FOR OFFICE USE ONLY- DO NOT WRITE IN THIS AREA

Deposit Date: Verification Letter: Banner Fund #:

ROMR #: Email: Banner Date:

III. Requesting Verification of Enrollment

Complete this section only if the donor requires verification of your enrollment before sending us the check.

After reading the following statement, sign where indicated.

I hereby authorize the Office of Student Financial Aid, University of Illinois at Urbana-Champaign, to provide information regarding my enrollment to the private outside scholarship donor specified in the Student and Donor Information section of this form. **SIGN ONLY IF VERIFICATION OF ENROLLMENT IS REQUIRED.**

Student Signature ___________________________ Date __________

www.osfa.illinois.edu Email: finaid@illinois.edu Fax: (217) 265-5516