Instructions for Completing the Private Outside Scholarship Form

(Private Outside Scholarships come 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, we will assume that you are receiving the same Private Outside Scholarship for the SPRING SEMESTER for the SAME AMOUNT and we will adjust your financial aid package accordingly.

  **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.

  These procedures will be followed…

  UNLESS THE SCHOLARSHIP DONOR NOTIFIES US 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 (mm/dd/yy): ________________________ Amount of Check: $ __________________________

This check is to be applied to:
☐ Fall Only       ☐ Spring Only       ☐ Full Academic Year       ☐ Summer Only

<table>
<thead>
<tr>
<th>Deposit Date:</th>
<th>Verification Letter:</th>
<th>Banner Fund #:</th>
</tr>
</thead>
<tbody>
<tr>
<td>ROMR #:</td>
<td>Email:</td>
<td>Banner Date:</td>
</tr>
</tbody>
</table>

FOR OFFICE USE ONLY! DO NOT WRITE IN THIS AREA!

Section 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