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.

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

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Last Name</td>
<td>First Name MI</td>
</tr>
<tr>
<td>University Identification Number (UIN)</td>
<td></td>
</tr>
<tr>
<td>Name of Donor</td>
<td>Private Outside Scholarship Name (if different from Donor Name)</td>
</tr>
<tr>
<td>Contact Person</td>
<td>Donor Telephone Number</td>
</tr>
<tr>
<td>Donor Address (Street)</td>
<td>(City) (State) (Zip)</td>
</tr>
</tbody>
</table>

**Total Award for academic year: $ ________________**

## Section II: Submitting a check

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

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Date of Check:</td>
<td>Check Number:</td>
</tr>
<tr>
<td>(mm/dd/yy)</td>
<td>Amount of Check: $ _________________________</td>
</tr>
</tbody>
</table>

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

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

## 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.**

<table>
<thead>
<tr>
<th>Field</th>
<th>Details</th>
</tr>
</thead>
<tbody>
<tr>
<td>Student Signature</td>
<td>Date</td>
</tr>
</tbody>
</table>
| [www.osfa.illinois.edu](http://www.osfa.illinois.edu) | Email: finaid@illinois.edu  
[www.osfa.illinois.edu](http://www.osfa.illinois.edu) | Fax: (217) 265-5516 |