This change form is used to make minor changes to the scholarship agreement on file and will update AcademicWorks.

Instructions:
1. **All changes must be submitted** to the Office of Student Financial Aid before you begin the scholarship application process.
2. The “Scholarship Description” in AcademicWorks can ONLY be updated by the Financial Aid office.
3. Complete a new Scholarship Agreement for all other changes not listed on this form.

Part I. Scholarship Information (required)

Name of scholarship/award/prize/loan(s) (may attach a separate sheet to list scholarships): __________
________________________________________________________________________________________
________________________________________________________________________________________

☐ Check this box if this is a scholarship name change.

Account Location and Fund number (may attach a separate sheet to list fund numbers):

☐ University Corporation, Fund #______________, ______________, ______________, ______________
☐ University Fiscal Affairs, Fund #_____________, ______________, ______________, ______________

Check the box(s) and complete only the item(s) you are updating

Part II. Contact Information

☐ Project Director ___________________________________________ Extension ______________
   Title ___________________________________________ College/Office/Dept.________________________
   E-Mail Address________________________________________

☐ College/Office/Dept. Contact __________________________________ Extension ______________
   Title ___________________________________________ College/Office/Dept.________________________
   E-Mail Address_________________ Fax #______________ Campus Address _______________________

☐ Contact for student inquiries: (use general office contact information)
   College/Department/Office ___________________________________________ Campus Address ________
   E-Mail Address________________________________________ Phone number________________________

☐ Academic Works Opportunity Administrator(s) (AW OA) who will be given AW access to manage the scholarship process on-line. If assigning more than 3 AW OAs, please attach a separate sheet listing the information below. *If granting “View Only” access, check the view only box. List everyone who should be granted access.*
Part III. Eligibility/Disbursement Information

☑ Change Enrollment Requirement to include graduating seniors who have a specific number of units to complete in order to graduate. Graduating seniors receiving a scholarship the semester they are graduating are not held to the enrollment requirement. You must note on the Scholarship Award Request the students who are “graduating seniors”.
   If applicable, specify the minimum enrollment requirement to receive the scholarship award for graduating seniors _____________.

☑ Change Enrollment Requirement to include graduate students working on thesis/final project/taking exam. Graduate students receiving a scholarship the semester they are working on thesis/final project/exam are not held to the enrollment requirement. You must note on the Scholarship Award Request the graduate students who are “working on thesis/final project/exam”. Financial aid cannot disburse scholarships to students who are not enrolled in any units.
   If applicable, specify the minimum enrollment requirement to receive the scholarship award for graduate students working on thesis/final project/exam ______________.

☑ Amount of Award: ☐ amount varies ☐ amount equivalent to tuition fees
   ☐ amount up to $____________  ☐ $____________________ (state specific amount)

☑ Number of Awards: ☐ one ☐ two ☐ up to____ ☐ varies ☐ other ________________

☑ Timetable for Award Distribution*: ☐ Fall ☐ Spring ☐ Fall and/or Spring ☐ Summer
   ☐ Academic year award (award split half for Fall/Spring)
   ☐ varies (Fall and/or Spring and/or Summer)

Distribute the scholarship at the beginning of a semester to facilitate students’ timely receipt of funds for their academic semester (e.g., application process in one semester and distribute award funds at the beginning of the following semester).

I authorize the changes to the Scholarship Agreement on file with the Office of Student Financial Aid and AcademicWorks.

_____________________________________________  ___________________________________
Project Director Signature                                                                 Date

_____________________________________________  ___________________________________
Print Name                                           Title

_____________________________________________            ___________________________________
Phone number                                           Email

Last Updated 12/1/2017