

Request for Correction to Established Scholarship/Fellowship Account (College Station, Galveston & HSC)

Note: This process can take between 7 - 10 business days to complete, depending on the time of the year

Section I – Depart (Required)	ment Information									
-	Date	Aid yea	ar changes take effe	ect						
		he correction to take effect				0XX)				
Department		ter and year you wish the correction to take effect Dept Code								
Department or College	Contact Name									
		3								
	the above contact inform									
	with this form to (fellows		ated. Please subm	it any sup	oporting documents (new g	ift				
available. If there is no sub-ac	in with the campus code – 02 for Col. count, enter "00000" – 5 zeroes)		for the Health Science Cent	number er; followed by	the account number and a sub-account	if				
		r active, funding has been exh								
Name of Account FAMIS Responsible Pe	orcon									
FAMIS Accountant										
	followed: "?	SCHOLARSHIP	וכו	ELLOWS	TIID					
Is this a scholarship or	owship be paid?									
		Lump Sum (once per sen		-	sbursements (monthly)					
Please select <u>one</u> Objec OR		5910 Undergraduate			5920 Professional					
_		nrough Award (Only for funds e and you are in need of mult			students are selected by the entity) you will need to complete the ne	ew				
-	individual award amount	(per academic year) for this	fund \$							
Indicate the maximum	number of semesters that	fund is awarded to an ind	lividual student (# 0	f semesters, 8,4	1,2,1)					
Indicate the minimum	enrollment a student mus	t carry in order to receive	this fund	Full Time	$\frac{3}{4}$ time					
(Full Tin	ne = 12 hours for undergraduate/pro	fessional and 9 hours for graduate)		½ time	Less than ½ time					
Funding Source Inform	nation:	eferences (Attach Gi	ft Agreement/	Funding	Notification Docume	nts				
Association	ome to the University?		TAMU Foundati	on						
	ent (Account #)	Endowment (A		:)					
	time or recurring) (Accou				ng) (Account #	.)				
				tion use o	nly) (Account #	_)				
TAMU Fisc		`	Other		-t (At H					
	ent (Account # -time or recurring) (Accou				ct (Account #) ct (Account #)					
	y Allocated Funds (Accor		Tilvate Grant	or Contra	ct (Account #)					
	amed donor(s) or organiz	•								
Does the do	onor of this fund wish to a	emain anonymous?	Yes	No	NA					
	r of these funds deceased?	•	Yes	No	NA					
	re these funds if enrolled le pove due to co-op, interns	ess than minimum enrolln hip, or study abroad trip?	nent Yes	No	NA					
enrollment requireme	e these funds if enrolled in ent noted above for final s									
graduation and has a	diploma fee posted?		Yes	No	NA					

Section IV - Selection Criteria

You only need to update criteria that has changed.

Are there specific criteria for awarding this fund? Criteria must match gift agreement, as applicable.

YES (Specific Selection Criteria)

NO (Unspecified)

Section VI – O	ther Comments/Information			
(Area ce	m,			
Telephone (Area co		Email		
City		State	Zip Code	
Street Line Two				
Street Line One				
-				
Donor Non-TAM	II Contact Name			
	onor Information as changed please list it below)			
Section V D.	- onor Information			
	Other			
	Worthy and Deserving (Verbiage often used in gift agreements)			
	High School State			
	High School County			
	High School			
	Minimum GPA Requirement			
	(Good Standing is defined as not being on honor)	conduct probation)		
	Good Standing with TAMU			
	Extracurricular Activities Financial Need			
	Corps of Cadets Participation			
	Texas County of Residence			
	State of Residence			
	(If gift agreement permits awarding to students in	a department, list all eligible <u>majors</u> .	Reference: catalog.tamu.edu)	
	Major Code(s)			
	College Code(s)			
	Eligible Student Classifications			
	Academic Achievement/Merit			