

CLARKSON UNIVERSITY
Student Administrative Services
2007-2008 Sponsored/Outside Scholarship Notification

Last Name:	First Name:	MI:	Student #:
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In order to determine your eligibility for Federal Financial Aid you are **required** to disclose any sponsored/outside scholarships you will be receiving for the 2007-2008 academic year. Please fill out the following and return **with** scholarship letter or certificate regarding the sponsored/outside scholarship. This notification will be accepted as a deferment toward payment of your bill **when all documentation is received. If you are a Dollars for Scholars recipient and received the award directly, an attached copy of the check is required in order for Clarkson to credit the matching portion to your account.**

These are sponsored/outside scholarships and **do not include NYS TAP/Merit, ROTC or Clarkson Awards.**

Financial Aid Information and Transcript Release: By signing this form I agree to allow all academic and/or financial information to be released to any individual or organization that provides funds for the scholarship I receive. This release remains in effect until I withdraw from Clarkson, graduate, or personally revoke it by sending a statement in writing to Student Administrative Services.

Signature:	Date:
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Scholarship Information

Scholarship #1 Name:							
Address:							
Contact Person:							
Total Award Amount:			Award is For: <input type="checkbox"/> Full Year <input type="checkbox"/> Summer <input type="checkbox"/> Fall <input type="checkbox"/> Spring				
Will the scholarship check be made payable to Clarkson and applied towards your student account? <input type="checkbox"/> YES <input type="checkbox"/> NO							
Should Clarkson bill this scholarship to secure payment? <input type="checkbox"/> YES <input type="checkbox"/> NO							
Office Use	Item Type	Disb. Code	Entered	Billed	Received	Amount	Posted
Summer 2007							
Fall 2007							
Spring 2008							

Scholarship #2 Name:							
Address:							
Contact Person:							
Total Award Amount:			Award is For: <input type="checkbox"/> Full Year <input type="checkbox"/> Summer <input type="checkbox"/> Fall <input type="checkbox"/> Spring				
Will the scholarship check be made payable to Clarkson and applied towards your student account? <input type="checkbox"/> YES <input type="checkbox"/> NO							
Should Clarkson bill this scholarship to secure payment? <input type="checkbox"/> YES <input type="checkbox"/> NO							
Office Use	Item Type	Disb. Code	Entered	Billed	Received	Amount	Posted
Summer 2007							
Fall 2007							
Spring 2008							

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Scholarship #3 Name:

Address:

Contact Person:

Total Award Amount: Award is For: Full Year Summer Fall Spring

Will the scholarship check be made payable to Clarkson and applied towards your student account? YES NO

Should Clarkson bill this scholarship to secure payment? YES NO

Office Use	Item Type	Disb Code	Entered	Billed	Received	Amount	Posted
Summer 2007							
Fall 2007							
Spring 2008							

Scholarship #4 Name:

Address:

Contact Person:

Total Award Amount: Award is For: Full Year Summer Fall Spring

Will the scholarship check be made payable to Clarkson and applied towards your student account? YES NO

Should Clarkson bill this scholarship to secure payment? YES NO

Office Use	Item Type	Disb Code	Entered	Billed	Received	Amount	Posted
Summer 2007							
Fall 2007							
Spring 2008							

Scholarship #5 Name:

Address:

Contact Person:

Total Award Amount: Award is For: Full Year Summer Fall Spring

Will the scholarship check be made payable to Clarkson and applied towards your student account? YES NO

Should Clarkson bill this scholarship to secure payment? YES NO

Office Use	Item Type	Disb Code	Entered	Billed	Received	Amount	Posted
Summer 2007							
Fall 2007							
Spring 2008							

Please return completed notification with all documentation to: Student Administrative Services
Clarkson University
Box 5615
Potsdam, NY 13699-5615