



SCHOLARSHIP NOTIFICATION FORM 2018-2019

Student Name: _____

Student ID: _____

List the full name and **total amount** of all outside funding (scholarships) you will be receiving for the 2018-2019 school year.

Scholarships will be split evenly between fall and spring semesters. If you have documentation that indicates it should be split differently, please attach. Do not include scholarships you are receiving from UW-Superior.

<u>Scholarship Name</u>	<u>Total Amount</u>
1. _____	\$ _____
2. _____	\$ _____
3. _____	\$ _____
4. _____	\$ _____
5. _____	\$ _____
6. _____	\$ _____
7. _____	\$ _____

** Report Summer Scholarships separately.

Return to:

UW-Superior Financial Aid Office, Old Main 110, PO Box 2000, Superior, WI 54880-4500
Phone: 715-394-8200 Fax: 715-394-8027 Email: finaid@uwsuper.edu