



NAME OF AID/ AWARD:			
TYPE OF AID/AWARD (Grant, Scholarship, Financial Assistance):			
SOURCE OF AID/AWARD (Organization/Person(s) Responsible for Aid):			
AMOUNT OF AID/AWARD: \$		<input type="checkbox"/> Initial Award	<input type="checkbox"/> Renewal Award
SEMESTER(S) TO RECEIVE: <input type="checkbox"/> Fall ONLY <input type="checkbox"/> Spring ONLY <input type="checkbox"/> Fall & Spring Semesters (Even Split)			
PRIMARY CONTACT:			
EMAIL ADDRESS:			
PHONE NUMBER:		FAX NUMBER:	
SENT TO: <input type="checkbox"/> Student-Athlete <input type="checkbox"/> Texas Tech		Date Received:	
CLEARED BY TTU OSFA: <input type="checkbox"/> Yes <input type="checkbox"/> No		Date Cleared:	

NAME OF AID/ AWARD:			
TYPE OF AID/AWARD (Grant, Scholarship, Financial Assistance):			
SOURCE OF AID/AWARD (Organization/Person(s) Responsible for Aid):			
AMOUNT OF AID/AWARD: \$		<input type="checkbox"/> Initial Award	<input type="checkbox"/> Renewal Award
SEMESTER(S) TO RECEIVE: <input type="checkbox"/> Fall ONLY <input type="checkbox"/> Spring ONLY <input type="checkbox"/> Fall & Spring Semesters (Even Split)			
PRIMARY CONTACT:			
EMAIL ADDRESS:			
PHONE NUMBER:		FAX NUMBER:	
SENT TO: <input type="checkbox"/> Student-Athlete <input type="checkbox"/> Texas Tech		Date Received:	
CLEARED BY TTU OSFA: <input type="checkbox"/> Yes <input type="checkbox"/> No		Date Cleared:	

NAME OF AID/AWARD:			
TYPE OF AID/AWARD (Grant, Scholarship, Financial Assistance):			
SOURCE OF AID/AWARD (Organization/Person(s) Responsible for Aid):			
AMOUNT OF AID/AWARD: \$		<input type="checkbox"/> Initial Award	<input type="checkbox"/> Renewal Award
SEMESTER(S) TO RECEIVE: <input type="checkbox"/> Fall ONLY <input type="checkbox"/> Spring ONLY <input type="checkbox"/> Fall & Spring Semesters (Even Split)			
PRIMARY CONTACT:			
EMAIL ADDRESS:			
PHONE NUMBER:		FAX NUMBER:	
SENT TO: <input type="checkbox"/> Student-Athlete <input type="checkbox"/> Texas Tech		Date Received:	
CLEARED BY TTU OSFA: <input type="checkbox"/> Yes <input type="checkbox"/> No		Date Cleared:	

FOR ADDITIONAL SCHOLARSHIPS, PLEASE FILL OUT ANOTHER FORM.