



OFFICE OF FINANCIAL AID & SCHOLARSHIPS

UNT DALLAS

Scholarship Recipient Information and Consent

2017-2018

**Scholarship Recipient Information and Consent Form**  
**The Scholarship is awarded for Fall and Spring Semesters Only**

\_\_\_\_\_  
Name of Recipient

\_\_\_\_\_  
Name of Scholarship

\_\_\_\_\_  
Permanent Address

\_\_\_\_\_  
Major

\_\_\_\_\_  
City, State, Zip Code,

\_\_\_\_\_  
Expected date of graduation

\_\_\_\_\_  
Area Code and Phone Number

\_\_\_\_\_  
UNTD ID Number

\_\_\_\_\_  
E-mail address

Undergraduate or Graduate? (circle one)

Personal Background:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Professional Goals:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please attach a thank you letter to your scholarship donor(s)**

I hereby authorize the UNT Dallas Campus Scholarship Committee to release the information provided on this form to the scholarship donor.

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Return this form to:

University of North Texas at Dallas  
Student Financial Aid and Scholarships  
7300 University Hills Boulevard  
Dallas, Texas 75241  
(972) 338-1799 fax