



OFFICE OF FINANCIAL AID & SCHOLARSHIPS

UNT DALLAS

Scholarship Recipient Information and Consent

2016-2017

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:

Three horizontal lines for personal background text.

Professional Goals:

Three horizontal lines for professional goals text.

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