

Scholarship Recipient Information Form

| Name of Recipient | Name of Scholarship | |
|----------------------------|-----------------------------|--|
| UNTD ID Number | Major | |
| Undergraduate or Graduate? | Expected date of graduation | |
| Personal Background: | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| Professional Goals: | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Return this form to:

University of North Texas at Dallas Student Financial Aid and Scholarships 7350 University Hills Boulevard Dallas, Texas 75241 Fax: (972) 338-1799