



SCHOLARSHIP REPORTING FORM

KU Visitor Center, 1502 Iowa St.
Lawrence, KS 66045
www.affordability.ku.edu

785-864-4700 (phone)
785-864-5469 (fax)
financialaid@ku.edu

STUDENT INFORMATION:

TODAY'S DATE: _____

First Name _____ Last Name _____ MI _____ KUID Number _____

Address _____ City _____ State _____ ZIP _____

Phone _____ Email Address _____

NAME OF SCHOLARSHIP(S) AND/OR DONOR(S): _____

AMOUNT OF SCHOLARSHIP(S): _____

SPECIFIC INSTRUCTIONS FOR SCHOLARSHIP(S): (example: must be full time student)

THE SCHOLARSHIP CHECK OR (CHECKS) THAT I AM TURNING IN TODAY ARE FOR THE FOLLOWING TERM OR TERMS:

Fall only Spring only Fall and Spring Summer only

If you marked the above Fall only box, will you be getting another check for the spring semester? Yes No
PLEASE STATE YOUR INTENTIONS BELOW:

I will submit the scholarship check(s): TODAY AT A LATER DATE

Is your name on the Pay to the Order of line? If so you must endorse (sign) the back of the check

NOTE: All scholarship checks must be submitted to the Financial Aid and Scholarships (FAS) office at the KU Visitor Center located at 1502 Iowa St.

STUDENT SIGNATURE

DATE