



## Financial Aid & Scholarships Departmental Scholarship Transmittal Form

**Complete and submit this form only if:**

**Please check one:**

- This is a new scholarship account.**
- This is a change to an existing scholarship account.**

Scholarship Information	
Department	
Scholarship Name	
Contact Person for this Scholarship	
Contact Phone Number	
Contact Email	
SAP Cost Center #	
SAP Fund #	
Development Fund Account # (if DF Account)	
SAP Internal Order # (If applicable)	
Composition of Awarding Body	
Criteria	
Minimum Number of Hours Required per Semester (Undergrad)	
Minimum Number of Hours Required per Semester (Graduate)	
Funds for Research Related Expenses Only	___ Yes ___ No
Funding Source:	<input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Institutional <input type="checkbox"/> External

Please submit this form via email to: [scholarships@txstate.edu](mailto:scholarships@txstate.edu)