



Request for Scholarship Award

VSU Foundation, Inc.

ADDRESS 1500 N. Patterson St. • Valdosta, GA 31698-0213

PHONE 229.333.5939 • FAX 229.0259.2558 • WEB www.valdosta.edu/adv

LOCATION 3rd Floor • Continuing Education Building • 903 N. Patterson St.

Date		
___	___	___



REQUESTOR _____

DATE ___/___/___

DEAN / DEPT. HEAD APPROVAL _____

FOUNDATION ACCOUNT NAME _____

ACCOUNT NUMBER ___|___|___|___|___|

Award Period (include year)

Fall _____ \$ _____

Spring _____ \$ _____

Summer _____ \$ _____

TOTAL \$ _____

STUDENT NAME _____

Student ID No. ___|___|___| - ___|___| - ___|___|___|___|

Student Email Address: _____

Student Address: _____

Foundation Office Use Only

Approved

Denied

ACCOUNT NO. _____

SIGNATURE _____

DATE ___/___/___

Financial Aid Use Only

SIGNATURE _____

DATE ___/___/___