

Scholarship Notification Form

The College of St. Scholastica

2009-2010

Student Name: _____

Student ID: _____

List the full name and **annual amount** of all *outside* funding (scholarships, VA Benefits, JTPA, DRS funding, etc.) you will be receiving for the 2009-2010 school year.

Indicate when the funding will be paid (all during fall **(F)**, all during spring **(S)**, or divided equally between both **(B)** semesters). Do not include scholarships you are receiving from St. Scholastica.

<u>Scholarship Name</u>	<u>Annual Amount</u>	<u>Paid</u>
1. _____	\$ _____	F - S - B
2. _____	\$ _____	F - S - B
3. _____	\$ _____	F - S - B
4. _____	\$ _____	F - S - B
5. _____	\$ _____	F - S - B
6. _____	\$ _____	F - S - B
7. _____	\$ _____	F - S - B

Return to:
 The College of St. Scholastica
 Financial Aid Service Center
 Tower 1118
 1200 Kenwood Avenue
 Duluth, MN 55811
 FAX (218) 733-2229