

Montana State University-Bozeman  
**Scholarship Authorization Form (SAF)**  
 Office of Financial Aid Services

Correction     

Page      of     

(Form must be typewritten)

College/Department \_\_\_\_\_ Contact Name \_\_\_\_\_ Phone Number \_\_\_\_\_

Name of Scholarship \_\_\_\_\_

MSUF Fund/Billing # \_\_\_\_\_ MSUF Project Code \_\_\_\_\_ FAS Fund Code \_\_\_\_\_ MSU Index # \_\_\_\_\_ Academic Year: 20\_\_ - 20\_\_

#	Name of Recipient	GID #	Donor Letter		Amount Authorized			Total	FAO Use
			Required	Not Required	Fall	Spring	Summer		
1									
2									
3									
4									
5									
6									
7									
	<b>Name of Alternate</b>								
1									
2									
3									
4									

Comments: \_\_\_\_\_

Subject to University Student Financial Aid Policy, I certify that funds are available for the above award(s) and that the above named individual(s) will satisfy all conditions established by the donor including having on file a copy of the student's letter of appreciation to the donor.

College/Department Authorization \_\_\_\_\_ Date \_\_\_\_\_

Financial Aid Approval \_\_\_\_\_ Date \_\_\_\_\_