

## 20 î ð-202 ñ

Outside Scholarship Notification of Marywood University.

Studert Name:
Marywood ID:
Nameof Scholarship:
Name of Scholarship Donor:
Award Amount for 20 î ð-202 ñ Academic year:
Donor Contact Person:
Donor Phone Number:
Donor Fax Number:
Donor Address:
Donor Oty, State, Zp:
Donor Email Address:
ScholarshipDonor Requests
If your Scholarship Donor requires financial information, a verification of your enrollment, and/or accinvo from Marywood University, please attach a copy of your scholarship offer letter, a written request or a donor-generated formNote: Transcript requests must be made directly to the Registrar's Office.
I certify that the information reported on this form is complete and correct to the best of my knowledge. Should any information change, I will notify 08 (08 a (s)-1.3 (O)-c)8.6 (c)8 a (s) 10.6 (o)F7 Td [inh ial Aioif (g) Financial Aid permission to discuss and/or release academic and financial data to the donor listed above. Note: If you have already received an aid package and this award was not included, your eligibility for federal, state and institutional aid will be reevaluated. In compliance with federal and state regulations and institutional police, your aid package may be revised. You will be notified if a revision is made.
Signature: Date: