

Undergraduate Scholarship Recommendation

Name of Scholarship _____

Item Type _____

Foundation Account Number **OR** Cost Object (cost center or WBS) _____

Academic Year 20____ - 20____

Status (check one) Offer _____ **OR** Accept _____

NOTE: If the award is posted as an "Accept", no further action is needed by the student. If the award is posted as an "Offer", then the student must accept the award in MyRED before the award will disburse into the student's UNL billing account.

Scholarship is for Education Abroad experience Yes _____ No _____

As directed by the University of Nebraska Foundation, students must be enrolled full-time to receive a scholarship.

I certify that the above named person(s) have been recommended in accordance with all stipulations set forth in the donor's agreement or as amended. **I further certify that if any funds are considered "public benefits" (non-University Foundation funds) under Nebraska State Statute 4-110 that the individual(s) being awarded these funds are citizens of the United States or if a qualified alien have been verified as lawfully present in the United States. (See Nebraska State Statutes 4-111 and 4-112).**

Name of Department: _____

Contact Person: _____
(first and last name)

Contact Person's Phone Number: _____

Contact Person's Email: _____

Authorizing Official _____
(first and last name)

Date _____