



WKU

FOUNDATION

Your Gifts. WKU's Future.

SCHOLARSHIP REQUEST

Fiscal Year: _____

Date: _____

Please fill in the following information for scholarships to be awarded through WKUF funds.

MAKE A COPY FOR YOUR RECORDS AND SEND A COPY TO:

WKU Foundation
Attn: Accounts Payable

AND

Financial Aid

Recipient: _____
Last Name First Name M.I.

WKU ID: _____

Scholarship amount: _____

WKU Foundation Account #: _____

WKU Foundation Account Name: _____

Brief explanation of award: (ex. placing in writing contest, books, etc...)

Account Administrator signature

Date