



# Request for Scholarship Account Setup in BANNER

**Complete and submit this form only if:**

**Please check one:**

- This is a new scholarship account.**
- This is a change to an existing scholarship account.**

<b>Scholarship Information</b>	
Scholarship Name	
Name of awarding Department or Committee	
Contact Person for this Scholarship	
Contact Phone Number	
Contact Email	
FAMIS Account #	
<b>Criteria – check all that apply</b>	
Semester or year for first award?	
For what type of student is this scholarship?	<input type="checkbox"/> Undergraduate <input type="checkbox"/> Graduate <input type="checkbox"/> Doctoral
What is the enrollment required per semester?	<input type="checkbox"/> Full-time <input type="checkbox"/> Half-time <input type="checkbox"/> Any enrollment
Is this scholarship need based?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does it require a FAFSA application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does it require a TASFA application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does it require a MTW application?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does it require meeting the SAP Policy for FA?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Does it require a Thank You Letter?	<input type="checkbox"/> Yes <input type="checkbox"/> No
Maximum Award Value:	\$
Select Funding Source for scholarship:	<input type="checkbox"/> Federal <input type="checkbox"/> State <input type="checkbox"/> Institutional <input type="checkbox"/> External
<b>Fund Code</b>	
BANNER A/R Detail Code – <i>Comptroller's Office</i>	
BANNER Fund Code – <i>Financial Aid Office</i>	

Please submit this form via email to [scholarships@tamiu.edu](mailto:scholarships@tamiu.edu).

Office of Financial Aid

5201 University Boulevard, Laredo, TX 78041 956.326.2225 [financialaid@tamiu.edu](mailto:financialaid@tamiu.edu) TAMIU.EDU