



**Office of Financial Aid Services**

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# SCHOLARSHIP REPLY FORM

1718

**NAME:** \_\_\_\_\_

**Student ID:** \_\_\_\_\_

**Scholarship/Award:** \_\_\_\_\_

**I accept this scholarship.**

In accepting this scholarship, I understand that I must enroll as a full-time student, maintain Satisfactory Academic Progress in accordance with University standards, and meet any other criteria described in the scholarship award letter.

**I am unable to accept this scholarship because** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

I understand that donors of scholarships to Montana State University request academic, financial and/or biographical information for the purpose of determining or maintaining a student's scholarship eligibility. Therefore, I authorize the release of my academic, financial and/or biographical information to a scholarship donor for the purpose of determining or maintaining my eligibility for a scholarship. I also grant permission to release appropriate information to the MSU Foundation and community as it applies to this award.

\_\_\_\_\_

SIGNATURE DATE