myUTSA ID: Student's First Name: Last:				
IIIVUISAID: Student S FIIST Name: Last:	mulited in.	Ctudont's First Name.	l a	ct.
	IIVUISAID:	Student's riist name:	Ld	St:



## 2025-2026 Outside Scholarship Notification Form

**Directions:** If you are expecting an outside scholarship, please complete this form and return it to our office so that any applicable changes can be made to your financial aid package in anticipation of these funds. A placeholder will be added to your award for the amount and terms indicated on this form. The placeholder will be adjusted or canceled once we receive the scholarship check.

**Outside Scholarship Donation Station:** To expedite the submission and awarding of your outside scholarship, our office has created an online donation portal for outside scholarship donors. Our Outside Scholarship Donation Station will help your donor submit your scholarship within 2-3 business days through electronic check payment instead of mailing a paper check. Recommend your donor visit our Outside Scholarships website to review the steps on submitting your scholarship.

How to Submit Form: Submit via the Document Uploader.

• Fields to select on the Document Uploader: Department: Financial Aid & Scholarships; Term: 2025-2026; Category: Scholarship and Resource Form; Category 2: External Scholarships; Document: External Scholarship Form

STEP 1: OUTSIDE SCHOLARSHIP INFO \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\		
Complete the outside scholarship information (up to three scholarships can be listed on this form). Please indicate	•	•

the donor.	). We will altempt to process the schola	isinp(s) for the semesters that you request below, aniess otherwise specified by
Scholarship Name:		
Contact Name for Donor:		
Contact Phone/Email:		
Donor Address (Street, City, State,	Zip):	<u> </u>
Semester(s) to Receive Award	Award Amount	
Fall	t	

Semester(s) to Receive Award	Award Amount
Fall	\$
Spring	\$
Summer	\$
Total expected award	\$

Scholarship Name:			

Contact Name for Donor: \_\_\_\_\_

Contact Phone/Email: \_\_\_\_\_

Donor Address (Street, City, State, Zip):

Semester(s) to Receive Award	Award Amount
Fall	\$
Spring	\$
Summer	\$
Total expected award	\$

Continue on Page 2

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myUTSA ID: Sti	udent's First Name:	Last:		2025-2026 Outside Scholarship Notification Form · Page 2
Scholarship Name:				
·				
	, Zip):			
Semester(s) to Receive Award	Award Amount			
Fall	\$			
Spring	\$			
Summer	\$			
Total expected award	\$			
<ul> <li>The information submitted for r</li> <li>I understand that my financial</li> </ul>	nature on this document confirms yo review is true and correct to the best o aid awards may be adjusted to accou ny be a 5-7 business day processing ti	f my knowledge. nt for the scholarships and		
Student Signature:		Phone or Email:		Date:
are entitled to receive and review this information incorrect, in accordance with the procedure	your request to be informed about the informat mation. Under Section 559.004 of the Texas Go es set forth in the University of Texas System Bu ection 441.180 et seq.of the Texas Government	vernment Code, you are entitled t siness Procedures Memorandum	o have U.T. San Antonio correct information 32. The information that U.T. San Antonio o	n about you that is held by us and that is collects will be retained and maintained as
	mmmmmmmmmmmmm.	UTSA OFFICE USE ONLY:		
				RRAAREQ Code: OSC

RRAAREQ Code: OSCH WebX Code: FA\_SCH\_OSCH Form revised 10/3/24

Date: \_\_\_\_\_ Received By: \_\_\_\_\_ Processed By: \_\_\_\_\_