

2026-2027 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: *2026-2027*; 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 total amount and for which semesters you will be receiving the scholarship(s). We will attempt to process the scholarship(s) for the semesters that you request below, unless otherwise specified by the donor.

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	\$

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	\$

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OFFICE USE ONLY:

myUTSA ID: _____ Student's First Name: _____ Last: _____

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	\$

STEP 2: CERTIFICATION AND SIGNATURES

Certification Statement: Your signature on this document confirms your acknowledgement of the following:

- The information submitted for review is true and correct to the best of my knowledge.
- I understand that my financial aid awards may be adjusted to account for the scholarships and/or resources listed above.
- During peak seasons, there may be a 5-7 business day processing time for the request.

Student Signature: _____ Phone or Email: _____ Date: _____

With a few exceptions, you are entitled on your request to be informed about the information U.T. San Antonio collects about you. Under Sections 552.021 and 552.023 of the Texas Government Code, you are entitled to receive and review this information. Under Section 559.004 of the Texas Government Code, you are entitled to have U.T. San Antonio correct information about you that is held by us and that is incorrect, in accordance with the procedures set forth in the University of Texas System Business Procedures Memorandum 32. The information that U.T. San Antonio collects will be retained and maintained as required by Texas records retention laws (Section 441.180 et seq. of the Texas Government code) and rules. Different types of information are kept for different periods of time.

OFFICE USE ONLY:

RRAAREQ Code: OSCH
WebX Code: FA_SCH_OSCH
Form revised 11/10/25
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Date: _____ Received By: _____ Processed By: _____