

Office Use Only:

Name: CWID:

Sport:

Outside Scholarship Awarding Form

(To be completed by awarding agency)

F	Foundation Name			
A	Address			
Pl	Phone			
C	Contact Person	E-mail address		
St	tudent/Recipient Name			
sc If	Oue to NCAA regulations, please circle YES or cholarship so that we can determine whether or f you wish to provide an explanation, please donformation.	not the student is el	ligible to	accept this scholarship.
1.	Does this award have any relationship to athle Please explain:	•		NO
2.	Is this award from an established and continue Please explain:			NO
3.	Is the recipient's choice of institutions restrice Please explain:	•	YES	NO
4.	Is there a direct relation between the donor and Pepperdine (i.e alum, donor to Pepperdine)? YES NO Please explain:			
5.	Does this organization conduct a competitive sports program (i.e. field a sports team)? YES NO Please explain:			
6.	If yes, was the recipient a member of that tea		YES	NO
Si	ionature	Dat		

PLEASE RETURN THIS FORM WITH THE SCHOLARSHIP CHECK TO:

Pepperdine University, Seaver College Office of Financial Assistance Attn: Seaver Financial Assistance/TAC224 24255 Pacific Coast Highway Malibu, CA 90263 Telephone: (310) 506-4301 Fax: (310) 506-4746 E-mail: seaverfinaid2@pepperdine.edu