Texas A&M University-Kingsville
COMPETITIVE SCHOLARSHIP FOR RECIPIENTS THAT SEEK A TUITION WAIVER

College of ___________________________ Department of ___________________________

1. Name of Student Proposed for Waiver: ______________________________________________
   Social Security Number of Student ID Number: _______________________________________ 
2. Name of Scholarship (Source): ______________________________________________________ 
3. Amount of Scholarship to be awarded: $______________________ 
4. The Scholarship is to be disbursed at the rate of $____________ over ____________ months (s)
   beginning __________________ and ending __________________. 
5. Funds for this Scholarship are to be disbursed from account # ________________________
   titled ____________________________________________________________ 
6. Why is this student better qualified than the rest of the applicants? __________________________
   _____________________________________________________________________________ 
7. Describe where and how the scholarship was advertised: _________________________________
   ______________________________________________________________________________ 
8. How long was the application period? ______________________________________________ 
9. How many applications were received? ____________________________________________ 
10. How many applicants were Texas residents? ________________________________________

11. Competitive Scholarships may only be awarded for a specified term or terms of an academic year. 
    Please indicate the term or terms in which this scholarship is effective. 
    The scholarship is effective for: Fall □ Spring □ Summer □ 
    Winter Intersession □ Spring Intersession □ Summer Intersession □

12. I certify that the above information is true:
    ___________________________________________ __________________________ 
    Signed by Committee Chair Date

Committee Approval
As members of the duly appointed scholarship committee, we award this scholarship to the above named student. In 
   doing so, we are satisfied, based on the information on this form, that the recipient was qualified and that the 
   scholarship search was competitive as per Texas Education Code regulations. 
   ___________________________ __________________________ 
   Date

1. ___________________________ __________________________
2. ___________________________ __________________________
3. ___________________________ __________________________

Scholarship Coordinator Approval: ___________________________ Date: ___________________ 
Copies: Grantor, Graduate Studies, Financial Aid, Registrar, and Business Office 

Rev. 04/19/2011