



**Texas A&M Health Science Center
Scholarship Disclosure Form**

Scholarship Name:

Award Amount:

Term of the Award (semester, academic year):

Duration:

Criteria for the Award:

Cohort from which awards are selected:

Criteria for Continuation of Award (if applicable):

Funding Source:

Awarding Committee:

Eligible for Out-of-State Waiver? Yes _____ No _____

***Note:** Award must be \$1,000 or greater and can last for no more than 12 months. In order to continue, \$1,000 or greater must be awarded each twelve month period of the student's program. See attached document explaining criteria and rules affecting the award of such a scholarship.*

Signature of Chair of Department Committee

Date

Signature of Chair of Award Committee

Date