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| **Western Carolina University** |
| **Institutional Scholarship Awards** |
|  |  |  |  |  |
|  |  |  |  |  |
| **Name of Award/Scholarship:**  |
|  |  |  |  |  |
| **Account/Fund #** |   |
| **Banner Fund:**  |  |
|  | **For Financial Aid office use** |  |  |
|  |  **I certify that the selected recipients meet the scholarship selection requirements of the above named award.** |
|  Type name |  |  |  |  |
| **Students Awarded** |  |  |  |  |
| **Aid Period: Specify semester and year. If Fallxx/Springxx aid period is selected the award amount will be split 50/50 between the semesters. Please see examples below.** |
| **Last Name** | **First Name** | **ID #** | **Amount**  | **Aid Period** |
|  TheCat | Paws | 920123456 | 1,000.00 | Fall19/Spring20 |
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