



Request to Hold Scholarship Award

- Dean's Merit
- Outstanding Merit
- Distinguished Merit
- Exemplary Merit
- Presidential
- Other

Student Name _____

UV ID # _____

Address _____
Street City State Zip

Phone _____

AWARD INFORMATION: Year Awarded: _____ Department (if applicable): _____

If you wish to request a HOLD for your scholarship award, **you must complete this form and submit it to the Scholarship Office as soon as possible.** Be specific and detailed. You must attach documentation to support your request (*physician's statement, mission call, military service, or related information*).

I. List your reasons for your request to HOLD your scholarship: *(use additional pages if needed)*

II. Date you plan to leave UVU: _____

III. Date you plan to return to UVU: _____

IV. Student Certification:

I certify that all statements in this request and all verification documents are true and accurate. I understand and agree that I must provide verification of statements I have made, and I also understand that if documentation is insufficient or not attached, or if this request is not signed, my request will be denied.

Student Signature

Date

Complete this portion ONLY if your Request to Hold Scholarship Award is approved.

If your request is approved, submit this copy to the Scholarship Office prior to the beginning of the semester you will be returning. Make a photocopy for your records.

Student Name _____ UV ID# _____

Address _____
Street City State Zip

Phone _____

AWARD INFORMATION: Year Awarded: _____ Department: _____

I will be returning to UVU to start/complete my education: _____ Semester _____
(Fall/Spring) (Year)

and would like to request that my scholarship be reinstated so that I may continue my education.

Student Signature

Date

Return to: UVU Scholarship Office, 800 West University Parkway • Orem, UT 84058 • Phone: (801)863-8443 • Fax: (801)863-8448

FOR OFFICE USE ONLY

Comments:

Approved Denied Initials _____ Date _____

