

**MURRAY STATE UNIVERSITY FOUNDATION  
NOTIFICATION OF PROPOSED SCHOLARSHIP RECIPIENTS**

The following student(s) should be awarded the \_\_\_\_\_  
for the 2000-2001 school year.

Name \_\_\_\_\_  
Address \_\_\_\_\_  
SS# \_\_\_\_\_  
Amount \_\_\_\_\_  
Semester(s) \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
SS# \_\_\_\_\_  
Amount \_\_\_\_\_  
Semester(s) \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
SS# \_\_\_\_\_  
Amount \_\_\_\_\_  
Semester(s) \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
SS# \_\_\_\_\_  
Amount \_\_\_\_\_  
Semester(s) \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
SS# \_\_\_\_\_  
Amount \_\_\_\_\_  
Semester(s) \_\_\_\_\_

Name \_\_\_\_\_  
Address \_\_\_\_\_  
SS# \_\_\_\_\_  
Amount \_\_\_\_\_  
Semester(s) \_\_\_\_\_

By my signature below, I certify that the selection of the recipient(s) was made in  
accordance with the guidelines for the operation of this fund.

\_\_\_\_\_  
Committee Representative

\_\_\_\_\_  
Date

\_\_\_\_\_  
Account#

\_\_\_\_\_  
Subcode

Estimated amount available at 06/30/00

\$ \_\_\_\_\_

Approximate annual earnings

\$ \_\_\_\_\_

Recommended award for 2000-2001

\$ \_\_\_\_\_

Minimum award amount per guidelines

\$ \_\_\_\_\_