

REQUEST TO HOLD SCHOLARSHIP AWARD

Student N	lame	UV ID #
Address _		Phone
	Street, City, State, Zip	
Award Inf	ormation: Year Awarded:	Department (if applicable):
Scholarship physician's Scholarship military ser	os Office. Be specific and detailed. s statement, military orders, mission os (except privately funded and the	ship award, you must complete this form and upload it to the Financial Aid and You must also upload documentation to support your request in call/letter from Ecclesiastical Authority, or other related information). Non-Resident Waiver) may be held for up to two years for the following reasons: service, or for certain documented medical circumstances. A scholarship cannot ution of higher education.
he Aid Too		d: To upload: Log in to myUVU, go to Students, Paying For My Education, inside load, select the appropriate Aid Year, choose your document by clicking the field, Submit file.
Absence fro	om Utah Valley University of more	than seven semesters will require an application for readmission.
riease prin I. II.	t a copy for your records. List your reasons for your required. Date you plan to leave UVU:	uest to HOLD your scholarship: (use additional pages if needed)
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 submitted the Request to Hold form. I also understand that if documentation is insufficient or not attached, or if this request is not signed, my request will be denied.	
S	tudent Signature	Date
OFFICE	USE ONLY:	
Schola	rship Type: 🔲 Dean's Merit 🔲 D	oistinguished Merit
Received by:		(please print name) Date:
	ted on RHACOMM Date:	Initials: