

**MUSC Student Financial Aid Services Office
Health Science Foundation Scholarship Award Worksheet**

Fund Name: _____

College: _____ Contact: _____

Beginning Fund Balance (*optional*): \$ _____

Is this Scholarship primarily based on “merit” without regard to financial need? Yes No

Is the “financial need” of the student taken into consideration in awarding this scholarship? Yes No

Is the student required to provided services to the donor either during school or upon graduation in exchange for receipt of the scholarship funds? Yes No

Scholarship Requirements (*optional*):

1. _____
2. _____
3. _____
4. _____
5. _____

Please return to: Student Financial Aid Services Office / Harper Student Center