THOMAS LUCIUS DOWNS, JR. & GRACE PATE DOWNS
SCHOLARSHIP INFORMATION

We are pleased to name you the recipient of a Downs Scholarship in the amount shown on your enclosed award letter.

Academic ability and performance, talent in selected fields and financial need have been taken into consideration in selecting you as a recipient.

The terms of Mrs. Downs' gift require that you recognize a moral obligation to assist others by signing and returning the enclosed statement agreeing to repay the scholarship, if able, in the future.

Upon receipt of this signed form we will credit your student account with the amount of your scholarship.

To receive consideration for renewal of this Downs Scholarship you must remain enrolled as a full-time student and maintain at least a 3.000 grade point average. Also, you must re-file for need-based aid each year.
I acknowledge that I am a recipient of the Thomas Lucius Downs, Jr., and Grace Pate Downs Scholarship Fund for 2015-2016. I recognize that I have a moral obligation to repay any or all of the funds advanced, if able, in the future so that the money will be available to other students.

__________________________  ______________________________
Date                                Signature

______________________________
Typed or Printed Name

______________________________
SMU ID Number

______________________________
Permanant Address

______________________________
City                State                Zip

Total awarded for 2015-2016: $________________
To: Division of Enrollment Services
Southern Methodist University
P.O. Box 750181
Dallas, Texas 75275-0181

I acknowledge that I am a recipient of the Thomas Lucius Downs, Jr., and Grace Pate Downs Scholarship Fund for 2015-2016. I recognize that I have a moral obligation to repay any or all of the funds advanced, if able, in the future so that the money will be available to other students.

__________________________________________  ___________________________
Date                                           Signature

__________________________________________
Typed or Printed Name

__________________________________________
SMU ID Number

__________________________________________
Permanent Address

__________________________________________
City                                      State         Zip

Total awarded for 2015-2016: $_________