



*Division of Enrollment Services  
Office of Financial Aid*

***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.



*Division of Enrollment Services  
Office of Financial Aid*

Please sign and return this form to:

Division of Enrollment Services  
Office of Financial Aid  
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. 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 : \$ \_\_\_\_\_

Academic Year: \_\_\_\_\_



SMU<sup>SM</sup>

*Thomas Lucius Downs, Jr & Grace Pate Downs  
Scholarship Information*

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Office of Financial Aid  
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 the current academic year. 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.

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State

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Zip

Total award \$ \_\_\_\_\_

Academic Year: \_\_\_\_\_