

Audit Review Form

MARYLAND HIGHER EDUCATION COMMISSION
OFFICE OF STUDENT FINANCIAL ASSISTANCE
External Audit of the Senatorial Scholarship Program
Recipient Roster

PLEASE COMPLETE THIS FORM **BY JANUARY 18, 2010** AND RETURN IT TO:
MHEC - OSFA, 839 Bestgate Road, Suite 400, Annapolis, MD 21401

Senator: _____

Legislative District: _____

I certify that I have reviewed the Recipient Roster and that it agrees with our records except for any discrepancies noted below.

Signature: _____

Date: _____

Name: (please print) _____

Telephone: _____

DISCREPANCIES IN THE RECIPIENT ROSTER

Student Name	Social Security Number	Discrepancy	Resolution/Initials/Date (completed by OSFA)
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____