

# Audit Review Form

**MARYLAND HIGHER EDUCATION COMMISSION**  
**OFFICE OF STUDENT FINANCIAL ASSISTANCE**  
**External Audit of the Delegate 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

Delegate: \_\_\_\_\_

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

[illegible]

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