



SCHOLARSHIP/AWARD REQUEST

Fund Number: _____

Program Contact: _____

Phone Number: _____

ACCOUNT	FUND	DEPARTMENT	PROJECT
609005			Grants & Contracts Only

Student Last Name _____

Student First Name _____

SFSU ID Number _____

Scholarship/Award Name _____

Academic Year _____

Semester/s _____

Total Amount Requested _____

(for all semesters included on this request)

The scholarship will first be applied to any University obligation. When there is a balance or no obligation, a check will either be mailed to the address on file with the Registrar's Office or direct deposited.

UNITS REQUIRED -- THIS SECTION MUST BE COMPLETED

PLEASE NOTE: NON-ENROLLED GRADUATE STUDENTS WORKING ON THEIR THESES MUST RECEIVE STIPENDS INSTEAD OF SCHOLARSHIPS.

Enrollment required for scholarship/award, per scholarship agreement on file with the Office of Financial Aid:

CLASS LEVEL	REQUIRED UNITS
_____	_____

I certify compliance with the selection process as outlined by the donor and/or compliance with SFSU & CSU policies regarding the award of scholarships.

Academic Works has been updated with all information relevant to this award.

Print or Type Name of Authorized Signer

Authorized Signature

Date

ACCOUNTING USE ONLY

Vendor _____ Acct _____ Inv No _____

Inv Date _____ Inv Amount _____ Rept Amt _____

Dup Inv _____ Spec Msg _____

Date Received by UCorp: _____	Approved for Allowability By _____ Date _____	Date Received by A/P Dept: _____	E/P Processing By _____ Date _____
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