



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

A C C O U N T I N G U S E O N L Y

Vendor _____ Acct _____ Inv No _____
 Inv Date _____ Inv Amount _____ Rept Amt _____
 Dup Inv _____ Spec Msg _____

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