



STIPEND APPOINTMENT FORM

**Check Distribution/Special Handling**

Mail to payee's address  
 Hold check/call for pick-up  
 Phone  
 Other - specify

Project Contact:

Phone:

Account	Fund	Department	Project
660804			Grants & Contracts Only

AWARD INFORMATION

Name \_\_\_\_\_ SFSU ID Number \_\_\_\_\_

Street Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ ZIP \_\_\_\_\_

US Citizen? \_\_\_\_\_ If no, VISA status \_\_\_\_\_

Semester \_\_\_\_\_ Academic Year \_\_\_\_\_ Starting Month \_\_\_\_\_ Ending Month \_\_\_\_\_

Monthly Stipend \_\_\_\_\_ Number of months \_\_\_\_\_ GRAND TOTAL OF STIPEND AWARD \_\_\_\_\_

STATEMENT OF TRAINEE

Degree Being Sought \_\_\_\_\_ Date Expected \_\_\_\_\_

Major Field of Study \_\_\_\_\_ Number of Units Currently Enrolled \_\_\_\_\_

Last degree received \_\_\_\_\_

Are you currently receiving salary or other financial support from SFSU or UCorp? \_\_\_\_\_

If "yes", describe \_\_\_\_\_

*I understand that Federal & State regulations require the Financial Aid Office to coordinate, for purposes of determining if an overaward exists, all financial resources which are made available to students. In some rare instances, this coordination may result in an adjustment being made to a previously offered financial aid award, or may impose restrictions on my receipt or other financial benefits from UCorp, SFSU, or U.S. Government funds. I certify that I will immediately notify my program director and UCorp of any change in the information stated herein.*

\_\_\_\_\_  
Student/Trainee Signature

\_\_\_\_\_  
Date

STATEMENT OF PROJECT DIRECTOR

Will trainee named above be required to perform non-academic services for this financial support? \_\_\_\_\_

If "yes", describe \_\_\_\_\_

Are these services a degree requirement? \_\_\_\_\_ Trainee has \_\_\_\_\_ years of relevant experience.

*This trainee is qualified for the proposed training, is eligible to receive the financial support, and the amount of the award as stated herein conforms with the sponsor's guidelines. I shall forward to UCorp that which might affect continued eligibility for this support, as well as copies of any relevant documents required by the project sponsor. UCorp shall also inform SFSU's Financial Aid Office of this appointment.*

\_\_\_\_\_  
Authorized Program Signature

\_\_\_\_\_  
Date

FINANCIAL AID

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

UCorp PERSONNEL

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

ACCOUNTING USE ONLY

DATE RECEIVED/UCorp	Cost Allowability		DATE RECEIVED/AP
	_____ INITIAL & DATE		