



**MULTIPLE STUDENT STIPENDS FORM**

*This form must be backed up with a Stipend Certification Form for each student listed.*

Line	Student ID	Student Name	Account	Fund	Dept	Project	Semester	Academic Year	Student Signature On File?	Monthly Amount	No of Months	TOTAL STIPEND	Financial Aid Overaward		Ucorp Use Only
													Yes	No	
1			660804												
2			660804												
3			660804												
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20			660804												

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*Project Director Statement: Stipend recipients will not be required to perform non-academic services as a condition of receiving this financial support. The students are eligible to receive this support and the award conforms with the sponsor's restrictions. Documentation required by the sponsor will be forwarded to the University Corporation as needed.*

*SFSU's Office of FinancialAid will record this award, as it may impact the disbursement of additional awards.*

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Project Signature

Date

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Financial Aid

Date

ACCOUNTING USE ONLY		
Received by Ucorp	Approved for Cost Allowability	Entered by