



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