

Award of Restricted Fund Scholarships & Stipends (for use with funds 20-25) NEW AWARD ___ REVISION OF AWARD ___

Name _____ Student ID _____ Undergraduate ___ Graduate ___

Dept. _____ New Student ___ Returning Student ___ Effective Date _____

Award No. _____ Cancellation of Award No. _____ Revision of Award No. _____

Please note: PRIOR to their acceptance of **any new award** students should be made aware that **certain restrictions may prohibit concurrent assistantships/awards/loans**. Students should be advised to check with the University Financial Aid Office to confirm their eligibility for all concurrent funding. By advancing this request **you are responsible for so advising the student recipient**.

fame Chartfield	Tuition Subcode	Tuition Fall	Required Points	Tuition Spring	Required Points	Tuition Summer	Required Points	Stipend Subcode	Stipend Fall	Stipend Spring	Stipend Summer

PRINT name of grant(s) _____

Comments/Special Notes: _____ Stipend Payment (if NOT monthly) _____

Approved by _____ **PRINT** _____ **Date** _____
Signature of Project Director or Faculty Sponsor

By the above signature you have confirmed that the above student is in good academic standing, meets all requirements for the above scholarship award, and that there are sufficient funds to provide for this award.

Contact Person for problems/questions _____ Email _____ Tel. _____

Name of Administration & Finance Staff Reviewer (print) _____ Date entered in Financial Aid _____