



Student Fund Reporting Form

IMPORTANT: Please review this link to determine whether you will need to conduct an additional step to ensure that the student is issued their funds.

- Check all that applies:**
- ☐ This funding required the student to perform a task (research, work, etc.)
 - ☐ This funding only required an application/essay for consideration
 - ☐ This funding is a prize/award won by the student
 - ☐ This funding requires that the recipient is a student at CSUEB
 - ☐ (Note- If recipients of this fund are not required to be students at CSUEB, then this form is not required)
 - ☐ This funding will be issued in the form of a gift card

STUDENT INFORMATION:

Last Name: _____ First Name: _____ Net ID: _____

_____ Check Here if you are submitting a form form multiple students.

(Please attach excel document and include the information as seen on the sample at the bottom of this page. Include ID, Name, and Amounts according to each semester)

DEPARTMENT INFORMATION

DEPARTMENT NAME: _____

CONTACT NAME: _____

PHONE NUMBER: _____

EMAIL: _____@csueastbay.edu

FUND INFORMATION

ACADEMIC YEAR: _____ TOTAL VALUE: \$ _____

SEMESTER: _____ SEMESTER: _____ SEMESTER: _____

VALUE: \$ _____ VALUE: \$ _____ VALUE: \$ _____

FUNDING INFORMATION

FUND NAME (if known): _____

FUND ID, NAME, CHART FIELD
or ED FOUNDATION ACCOUNT
NUMBER _____

VERIFICATION AND AUTHORIZATION

5g'h YXYgjl' bUHX'U' h cf]micZa mXYdUfha Ybhz=\ Uj Y'j YfjZYX'h UhiU' WjhmjUto receive this funding \ Uj YVYb'a YhZU' h cf]nY'h YfYUgYcZZ bXg, 'UbX'WbZfa 'h UhiA Y' hUJ' Ua ci bhtc VY]ggj YX'jg Uj UjUV Y'hc k j]h Xfuk Zca 'h YUvcj Ya YbjcbYX'Z bX'-8 "=-i bXYfgHbX'h UhiZ'h Yjggj UbW'cZ'h YgY'Z bXg fYgi 'hjb UXYZVhncZci f' Vi Xl YhZ=- k j''k cf_ 'k j]h '5 Wwci bfg'DUuU'Y'hc Ybgi fY'h UhiA Y'UWwci bhi]g'fYd'Ybjgl YX'I have also ensured that the student was provided the proper disclosures regarding possible adjustments to their aid. (Click here for more information.)

Name: _____ Department Title: _____ Signature : _____

Date : _____

SAMPLE ATTACHMENT EXCEL SHEET:

	A	B	C	D	E	F	G
1	ID	Last Name	First Name	Total	Fall 2022	Spring 2023	Summer 2023
2	xx999	Doe	Jane	\$ 500.00	\$ 250.00	\$ 250.00	\$ -
3	xx1000	Ay	Jacob	\$ 600.00	\$ 100.00	\$ 500.00	\$ -
4	xx1001	Deer	Jingle	\$ 700.00	\$ 700.00	\$ -	\$ -
5	xx1002	Av	Himer	\$ 800.00	\$ 400.00	\$ -	\$ 400.00
6	xx1003	Fe	Schmidt	\$ 900.00	\$ -	\$ 450.00	\$ 450.00
7	xx1004	Mayl	Hurname	\$ 1,000.00	\$ -	\$ 1,000.00	\$ -
8							
9							
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15							
16							
17							
18							

Send Original To:
Office of Financial Aid & Scholarships
ATTN: Scholarship Coordinator
finaid@csueastbay.edu



CALIFORNIA STATE UNIVERSITY, EAST BAY
Cashier's Office & Student Financial Services, SA1200
25800 Carlos Bee Blvd., Hayward, CA 94542-3024

Qualified and Non-qualified Scholarships

Select one that applies:

☐ **Qualified Scholarships**

The fund is restricted to use towards qualified education expenses (tuition, fees, books, materials).

☐ **Non-qualified Scholarships**

The fund is used for expenses that do not qualify for tax-free purposes (Room and Board, Travel, Research, Equipment not required for the course, Other expenses that are not required for enrollment in or Attendance at an eligible educational institution).

Name:

Job Title:

Department:

Date:

Approval Signature:

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