

## Scholarship / Award Disbursement Form

DATE: \_\_\_\_\_

### STUDENT INFORMATION

Last Name \_\_\_\_\_ First Name \_\_\_\_\_ Empl ID \_\_\_\_\_  
Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Net ID \_\_\_\_\_  
Phone Number \_\_\_\_\_ email \_\_\_\_\_

### DEPARTMENT INFORMATION

DEPARTMENT NAME: \_\_\_\_\_  
CONTACT NAME: \_\_\_\_\_  
PHONE NUMBER: \_\_\_\_\_  
EMAIL: \_\_\_\_\_

### SCHOLARSHIP INFORMATION

ACADEMIC YEAR: \_\_\_\_\_ TOTAL AWARD: \_\_\_\_\_

QUARTER: \_\_\_\_\_ QUARTER: \_\_\_\_\_ QUARTER: \_\_\_\_\_ QUARTER: \_\_\_\_\_  
AMOUNT: \_\_\_\_\_ AMOUNT: \_\_\_\_\_ AMOUNT: \_\_\_\_\_ AMOUNT: \_\_\_\_\_

### FUNDING INFORMATION

FUND NAME / DONOR NAME: \_\_\_\_\_  
FUND ID NUMBER (PI #): \_\_\_\_\_

### VERIFICATION AND AUTHORIZATION

I have verified that all criteria for this scholarship have been met:

Name: \_\_\_\_\_ Department Title: \_\_\_\_\_ Signature for Verification: \_\_\_\_\_

### Authorization for Release of Funds

Name: \_\_\_\_\_ Department Title: \_\_\_\_\_ Signature for Release of Funds: \_\_\_\_\_

**Administrative Use Only**

PeopleSoft Chart Field Account Number: \_\_\_\_\_

Processing (Dates/Initials):

OFA Date Received: \_\_\_\_\_ Date Processed: \_\_\_\_\_ Initials: \_\_\_\_\_

SFS Date Received: \_\_\_\_\_ Date Processed: \_\_\_\_\_ Initials: \_\_\_\_\_