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 for 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

As the designated authority of my department, I have verified that all criteria to receive this funding have been met, authorize the release of funds, and confirm that the total amount to be issued is available to withdraw from the above mentioned fund ID. I understand that if the issuance of these funds result in a deficit of our budget, I will work with Accounts Payable to ensure that the account is replenished. 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:

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