



Scholarship/Award Disbursement

DATE: _____

STUDENT INFORMATION

Last Name: _____ First Name: _____ Net ID: _____
Address _____
City _____ State _____ Zip Code _____
Phone Number _____ email _____

DEPARTMENT INFORMATION

DEPARTMENT NAME: _____
CONTACT NAME: _____
PHONE NUMBER: _____
EMAIL: _____@csueastbay.edu

SCHOLARSHIP INFORMATION

ACADEMIC YEAR: _____ TOTAL AWARD: \$ _____

SEMESTER: _____ SEMESTER: _____ SEMESTER: _____
AMOUNT: \$ _____ AMOUNT: \$ _____ AMOUNT: \$ _____

FUNDING INFORMATION

DONOR NAME (if known): _____
FUND ID & NAME: _____

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 or Ed Foundation Account Number: _____

Processing (Initials/Date):

OFA Received: _____ Processed: _____

UA Received: _____ Processed: _____

UAO Received: _____ Processed: _____

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