



Student Fund Reporting Form

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)

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 will be or has been issued in the form of a gift card or credit at the bookstore
- ☐ 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. [Click here](#) to determine whether you should submit this form.)

DEPARTMENT & ACCOUNT INFORMATION

DEPARTMENT: _____ CHART FIELD: _____

CONTACT NAME: _____

EMAIL: _____ @csueastbay.edu

FUND NAME: _____ **CURRENT TOTAL
BALANCE IN ACCOUNT** _____

PAYMENT INFORMATION: If issuing payment to more than one student, please only provide **Total value, Academic Year** information, and provide details on the spreadsheet attachment. Otherwise, please indicate amount to be (or that has been) issued according to specific semester

TOTAL VALUE OF PAYMENT TO STUDENT(S): _____ ACADEMIC YEAR: _____

SEMESTER: _____ SEMESTER: _____ SEMESTER: _____

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

Federal Disclosure Verification : Federal Law does not allow Title IV Serving Institutions like Cal State East Bay to provide students with Financial Aid in excess of their Cost of Attendance or 'Need' as determined by the Department of Education or California Student Aid Commission (in the case of AB540 designation). To protect the recipient's financial well-being, please provide the below disclosure and indicate the date as to when the information was issued.

Disclosure: Federal Law does not allow CSU East Bay to provide financial aid recipients with funding in excess of their Cost of Attendance or 'Need' as calculated by the FAFSA/ CADAA Application. (Need = COA - SAI). If you receive this funding and its addition results in an excess of your COA or 'Need', the funds may replace one or more components of your current Financial Aid package in an order that will be in your best interest. For example, your loans or a need-based aid that you may be able to use in subsequent terms may be replaced. If your aid is subject to an adjustment, you will be contacted via your horizon email account. Note that due to charging priorities, adjustments to aid may result in an outstanding balance that will be your responsibility to settle. As such, before spending the funds it is advisable to contact the Office of Financial Aid & Scholarships for guidance. The California Student Aid Commission (CSAC) requires Middle Class Scholarship (MCS) Recipients to have all additional aid reported to CSAC. Please note that any additional aid may result in a reduction of your MCS, requiring you to return part of the funds issued to you. If you have any questions regarding this matter, please contact the Office of Financial Aid & Scholarships.

Date disclosure provided to student: _____

Budget Verification (optional): Some Divisions may require departments to consult with their Division's Budget Director as an added control mechanism to ensure correct spending and to avoid deficits or discrepancies due to improper reporting. Please note that the Office of Financial Aid & Scholarships is not responsible for verifying whether you have enough funds to cover your payment request and whether you are issuing from the correct account/chartfield string.

Budget Director
Name: _____ Division: _____ Signature: _____

Authorization (required): As the designated authority of your department, by signing this form, you are verifying that the recipient has met the criteria for funding, the information provided above is accurate, and that should there be a budget deficit or discrepancy upon issuance of these funds, you will work with the Division of Administration and Finance to resolve the matter.

Name : _____ 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							
10							
11							
12							
13							
14							
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:

THE CALIFORNIA STATE UNIVERSITY

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