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
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: