

Instructions:
4 weeks before the start of each quarter, submit this form to verify the students continued involvement with the project
Only submit this form if a **Scholarship Recipient Authorization** with contracts are on file

Principal Investigator: _____
 Department Name: _____ Phone: _____ Email: _____
 Project Title: _____
 Sponsor: _____
 PeopleSoft Chartfield: _____

Account - Fund - Dept ID - Project

Semester: [Yellow Box] Year: [Yellow Box]

Award Recipient Name	Net ID	Peoplesoft ID	Amount

_____ Recipients meets program scholarship eligibility requirements.
 _____ Recipients are current on all program requirements and is eligible to receive the requested disbursement.
 _____ Additional Institutional responsibilities (see award terms and conditions for student repayment instructions)

Principal Investigator / Project Director Signature Date

Grants & Contracts Manager Signature Date