

SCHOLARSHIP RECIPIENT AUTHORIZATION

Instructions:

Submit this form and each student's agreement contract/letter 4 weeks before the start of the scholarship applicable term.

4 weeks before the start of each semester, submit the **Scholarship Eligibility Form** to verify the students continued involvement with the project

*Note: credential disbursements will be awarded in the Fall for both Summer and Fall terms

Principal Investigator: _____
Phone: _____ **Email:** _____
Project Title: _____
Sponsor: _____
Fiscal Year: _____
PeopleSoft Chartfield: _____

Account - Fund - Dept ID - Project

Award Recipient Name	Net ID	Peoplesoft ID	Contract Attached	Fall	Spring	Summer	Total

____ 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 _____