AWARD REQUEST FORM

Department Awards (Scholarships)

PLEASE SUBMIT ONE FORM FOR EACH AWARD.
This form should NOT be used to process stipends.

Note: If your PeopleSoft account is 667700 and a stipend, your request will not be processed via this form.

Name of Recipient ___________________________ SID# _____________
Name of Award: ________________________________
Date of Award: ________________________________
Department: ________________________________
College: ________________________________
Contact Person (Print): ___________________________ Ext. ______ Email ____________________________
Amount: $ ________________________________

Term of Award: ☐ Academic Year ☐ Fall 20____ ☐ Spring 20____ ☐ Summer Only____

Please indicate: (This section must be completed in its entirety and accurate for Financial Aid to process.)

PeopleSoft Speedtype ________________________________
PeopleSoft Account __________ PeopleSoft Program ________________
PeopleSoft Dept. ________________ PeopleSoft Fund ________________
PeopleSoft Project/Grant Code ________________________________

Please check one: Career: ☐ UGRD ☐ GRAD ☐ GRADUATE or UNDERGRADUATE
This section must be completed in its entirety and accurate for Financial Aid to process

Does student have to meet Satisfactory Academic Progress (SAP)? ☐ YES ☐ NO
What is the cumulative GPA requirement needed? ____ Does student meet requirement? ☐ Yes ☐ No
What are the minimum enroll hours requirement? ____ Does student meet requirement? ☐ Yes ☐ No
Is the student enrolled in required hours for the semester you are awarding the student? ____ Yes ____ NO

Department Signature ____________________________________________ Date ____________
Department (Print Name) ____________________________________________ Ext ____________
Authorization (Chair) Signature _________________________________________ Date ____________
Authorization (Chair) Name (Print) _____________________________________ Ext ____________
Accounting Services Signature _________________________________________ Date ____________
Accounting Services Name (Print) _________________________________________ Ext ____________
Sponsored Programs Signature _________________________________________ Date ____________
Sponsored Programs Name (Print) _________________________________________ Ext ____________

Please forward your form to correct department for approvals. After final approval, the award will be routing to the Office of Enrollment Services.