Scholarship / Fellowship / Monetary Award Transmittal

Scholarship Name: ____________________________

Banner Finance Fund Code: ________________

Banner Finaid Fund Code: ________________

*Organization Code: ________________

*Account Code: ________________

*Program Code: ________________

Signature on this form indicates approval for charges to indicated Finance Fund. *For Trust funds and Grant Funds.

Recipient’s Name: ____________________________

Recipient’s Identification Number: ____________________________

The identification Number is required for financial aid purposes. If the student is a resident alien, contact the Office of International Programs. International Programs will assist the student in obtaining an ID.

Academic Year: ____________________________

Award Period & Amount (Check All That Apply):

☐ Academic Year: Specify total amount to be evenly split between fall and spring semesters $ ____________

☐ Fall Semester: Specify Amount for Fall $ ____________

☐ Spring Semester: Specify Amount for Spring $ ____________

☐ Summer: Specify Amount for Summer $ ____________

Specifications (Please answer yes or no):

1. If the recipient will graduate after fall semester, should the scholarship be reduced by 50%? ☐ Yes ☐ No

2. If the donor agreement does not specify or no donor agreement exists, does the scholarship require minimum credit hour enrollment? ☐ Yes ☐ No

If yes, please specify minimum enrollment: ____________________________

If this is a scholarship or fellowship, you must attach FIN 1.10A that supports the student’s eligibility in accordance with donor terms and conditions.

Department Name: ____________________________ Date: ____________

Contact Person: ____________________________

Contact Telephone: ____________ Contact Email Address: ____________________________

Budget Authority Signature: ____________________________ Date: ____________

(For the identification number noted above if different from OSFA)

Budget Authority Title: ____________________________

Award Authority Signature: ____________________________ Date: ____________

(If different from Budget Authority)

Award Authority Title: ____________________________

Distribution: Send completed form (and FIN 1.10A) to the Office of Scholarships and Financial Aid (Box 5951).

Exception: For contract/grant accounts, forward completed form (and applicable documentation) to the Office of Sponsored Programs. The Office of Sponsored Programs will forward to Office of Scholarships and Financial Aid.