GEORGIA STATE UNIVERSITY FOUNDATION

Received by Foundation

Scholarship/Award/Fellowship Request

Section A: RECIPIENT AND AWARDING UNIT INFORMATION

Recipient's name & remittance/home address

Recipient's current e-mail address

Recipient's Panther ID #

Awarding unit's name

Contact university P O Box

Awarding unit's contact person

Contact e-mail

Contact telephone

Section B: INFORMATION ON SCHOLARSHIP/AWARD/FELLOWSHIP

Specify Award Type (select only one)

- ◯ Scholarship - account code 513010
- ◯ Award - account code 513020
- ◯ Fellowship - account code 513010

Provide semester/amount information

Semester/Year	Amount

Honors Day Award?

- ◯ Yes
- ◯ No

Charge Detail

Fund	Account code	Project ID	Project name	Amount
01				
01				

Section C: TO BE COMPLETED BY AUTHORIZED REPRESENTATIVE OF AWARDING AUTHORITY

On behalf of the awarding unit, we agree to the following statements:

1. The student named above has accepted the above named scholarship(s)/fellowship(s)/award(s). A signed original of the student's acceptance form is attached.
2. We understand that fulfillment of this request is contingent on the availability of funds in the project listed above. We have consulted Financial Edge to determine whether the operating fund balance (fund 01) is sufficient to fund the request.
3. The Office of Student Financial Aid has verified that the student named above has financial aid capacity consistent with amount requested above. A copy of financial aid verification is attached.
4. A copy of the scholarship/award/fellowship purpose was made available to the student.
5. For foreign nationals. To avoid delay in processing scholarship payments, foreign nationals should complete the tax information on the Glacier System. The GSU Tax Accountant must complete an analysis before the scholarship can be disbursed. The tax accountant may contact the student if additional student information is needed.

Authorized Department Representative must verify student's residency status by checking Screen SPAIDEN in the Banner System before submitting to the GSU Foundation.

Verified by:_____ **Date:**_____

We certify that we are authorized to subscribe to theses foregoing statements on behalf of the awarding unit and that this request is consistent with any applicable restrictions imposed on the funds and with the policies of the Georgia State University Foundation, Inc. We further certify that any required reports of the use of the funds have been provided.

REQUIRED: Signature of requestor *Print name* **Date**

Signature/approval of chairman/director *Print name* **Date**

REQUIRED: Signature/approval of dean/vice president/other authorized administrator *Print name* **Date**

Submit to Disbursement Accounting, Georgia State University Foundation
1 Park Place, Suite 533 * P O Box 3963, Atlanta, GA 30302-3963 * (404) 413-3402

Revised 04/13/10

Print Form