

Scholarship/Stipend/Tuition Payment Request Form

To: _____
DEPARTMENT

Date: _____

From: _____
DEPARTMENT

1. Account Information:

FAMIS Account Number: _____ - _____
ACCOUNT NUMBER SUPPORT ACCOUNT

FAMIS Account Title: _____

FA Fund Code: _____ Detail Code: _____

2. Semester: Fall _____ Spring _____ Summer I _____ Summer II _____

3. Type of Disbursement:

One-Time Disbursement Date of Issuance: _____

Multiple Disbursements (If multiple disbursements indicate issuance dates and total amount to be issued for each disbursement in section #4)

4. Special Notes:

5. Department Contact: _____ Ext. _____

6. List of Students to be Awarded – See Attached List.

Approved By (Grants - Research Office / Non-Grants – Account Responsible Person):

_____ Date: _____

Processed By (Financial Aid or Bursar's Office):

_____ Date: _____

Scholarship/Stipend/Tuition Payment Request Form

6. List of Students to be Awarded:

	Name	Student ID (ex. Axxxxxxx)	Award Amount
1			
2			
3			
4			
5			
6			
7			
8			
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