

# SCHOLARSHIP/EDUCATIONAL AWARD PAYMENT FORM

Office of Financial Aid - 123 Brotman Hall

CALIFORNIA STATE UNIVERSITY, LONG BEACH

This form is to be used to make an educational award payment for a student. Please complete ONE FORM PER STUDENT for each individual award. Include all payments for the award for the entire Academic Year. Students must be enrolled or planning to enroll for the period covered by this award payment.

## RECIPIENT/STUDENT INFORMATION

Last: \_\_\_\_\_ First: \_\_\_\_\_ Campus I D: \_\_\_\_\_

## AWARD INFORMATION

Award Name: \_\_\_\_\_ Award Type:  New  Revision  Cancel

Comments: \_\_\_\_\_

## AWARD PAYMENT INFORMATION

List award payments in one of the appropriate section(s) below. Single payments should be listed in the semester section. Only recurring monthly payments for living stipends should be listed in the monthly payment sections.

### SEMESTER PAYMENTS

One time or once each semester.

Term	Year	Amount
Fall	20 ____	
Spring	20 ____	
Summer	20 ____	
<b><u>Semester(s)Total</u></b>		

### MONTHLY PAYMENTS

Award requiring monthly payments throughout the Award Year. Fill in Year and Amount for each month.

Amounts will be credited to the student account on the 20<sup>th</sup> of that month, if enrolled.

Month/Year	Amount	Month/Year	Amount	Month/Year	Amount	Month/Year	Amount
August 20, 20__		September 20, 20__		October 20, 20__		November 20, 20__	
December 20, 20__		January 20, 20__		February 20, 20__		March 20, 20__	
April 20, 20__		May 20, 20__		June 20, 20__		July 20, 20__	
<b><u>Stipend Total</u></b>							

**Semester Payment Disbursement:** The award will be released to the student's account 10 days prior to the beginning of the semester, if the student is enrolled.

If this award is to be held until census, in order to check that the student is still enrolled at that time, please check here.

## AUTHORIZATION AND REQUIRED SIGNATURES

These signatures certify the information is accurate and this award: 1) is solely for the use of the student to pay educationally related expenses; (2) is not compensation, salary, or wages for services rendered; (3) has sufficient funds available in the designated account to make these payments; and (4) the award is consistent with the requirements of the award.

### Payment Requester

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Division/College: \_\_\_\_\_ Date: \_\_\_\_\_

**Payment Approver** (Only designees approved by the Appropriated Administrator as listed on the Award Profile Certification may complete this section)

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Division/College: \_\_\_\_\_ Date: \_\_\_\_\_

## GRANTS AND CONTRACTS AWARDS ONLY – Allowability Review

Print Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_