

SCHOLARSHIP AWARD FORM

Purpose: This form provides a uniform source/entry document for recording University and Internal scholarship awards (as defined in Policy FN09).

Instructions: Awarding department will complete as requested below, secure signature of appropriate departmental or committee approver (as applicable), and forward to the authorized eSteward user or entry person at the appropriate College, Department, or non-University Park location. For Internal scholarships, a copy will be forwarded to the area Financial Officer.

Date: _____ Type of Scholarship (check one only): University Internal Academic Yr/Semester: _____

Scholarship Name: _____

Designated Internal Order #: _____ Designated Source Code: _____

SIMBA Cost Object To Be Charged (for Internal Scholarships only): _____

PSU-ID Number	Recipient's Name (First, Middle, LAST)	Ugrad or Grad	Total Award	SEMESTER 1 (Fall)			SEMESTER 2 (Spring)			SEMESTER 3 (Summer)								
				Semester Amount	ST	R	EC	Semester Amount	ST	R	EC	Semester Amount	ST	R	EC			
TOTALS																		

NOTE: IRS mandates require that scholarships may NOT be awarded in exchange for services rendered. Additionally, these awards may NOT be made from general funds monies, nor may general funds be transferred at any time into an area's designated budget/source code to fund such awards.

I affirm that this award is made in accordance with the scholarship guidelines approved by the Board of Trustees (as applicable), and in compliance with the appropriate University policies.

I certify this scholarship is not being provided in exchange for services.

Authorized Business Area / Committee Approver Name Date Name of Business Area or Special Program (as applicable)

Signature