

UNIVERSITY OF OKLAHOMA

Financial Aid Form

Prepared by: _____

Account Code: _____

Phone #: _____

2018-2019 AUTHORIZATION FOR STATE ACCOUNT SCHOLARSHIPS/ FELLOWSHIPS/ EDUCATIONAL PAYMENTS

(Revised 12/2018)

This form is for educational payments to students through Departmental/State Accounts *only*. **Scholarships through Regent's Funds must be requested through the OU Foundation. To qualify as a scholarship/fellowship, the student receiving this award must NOT be required to perform services for OU beyond those normally required for any individual pursuing a similar course of study to which the scholarship applies. Regent's Funds must be requested through the OU Foundation.**

To qualify as a scholarship/fellowship, the student receiving this award must NOT be required to perform services for OU beyond those normally required for any individual pursuing a similar course of study to which the scholarship applies.

Individuals on research fellowships must also meet all of the following conditions:

- (1) The individual's research schedule should be independent of faculty supervision.
- (2) The individual must be allowed to choose and direct his/her own research work.
- (3) The university or department must NOT have the right to retain any patents or copyrights resulting from the individual's research.

If any of these conditions are not satisfied, please contact Payroll and Records at 325-2961.

Payments or reimbursements for educational costs can be considered an educational payment. Payments or reimbursements for non-educational costs, or payments for hours worked cannot be processed through this form.

SPONSOR - PLEASE READ BELOW AND INITIAL

I HAVE READ THE STATEMENT ABOVE AND CERTIFY TO THE BEST OF MY KNOWLEDGE THAT THIS AWARD ADHERES TO THE REQUIREMENTS OF A SCHOLARSHIP/FELLOWSHIP OR EDUCATIONAL PAYMENT AND THE INFORMATION PROVIDED ON THIS FORM IS TRUE AND CORRECT.	_____ Sponsor's initials
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CHECK ONE <input type="checkbox"/> NEW <input type="checkbox"/> ADDITIONAL AMOUNT <input type="checkbox"/> CANCELLATION			DATE
STUDENT ID #	LAST NAME	FIRST NAME	MIDDLE INI.
PERMANENT ADDRESS			
IS THE INDIVIDUAL OTHERWISE APPOINTED WITHIN THE UNIVERSITY? <input type="checkbox"/> NO <input type="checkbox"/> YES	CITY	STATE	ZIP
DEPARTMENT # TO CHARGE		BANNER CODE (OPTIONAL)	
DEPARTMENT		DEPT CHAIR/DIR	
PAY PER SEMESTER	FALL 2018: \$	SPRING 2019: \$	SUMMER 2019: \$

_____ SIGNED _____ DATE _____
 DEPARTMENT SPONSOR

APPROVED	(For Research Services/CCE Sponsored Programs):
_____ SIGNED _____	_____ DATE _____
DEPARTMENT SPONSOR	

Contact Scholarships @ 325-8380 for questions regarding this form and/or payment status. **Send to Stacy Henshall (scan and email to shenshall@ou.edu - preferred) or Campus Mail: Scholarships, Attn: Stacy Henshall, 210 Buchanan Hall**