

UNIVERSITY OF OKLAHOMA

Financial Aid Form

Prepared by: _____

Account Code: _____

Phone #: _____

2017-2018 AUTHORIZATION FOR STATE ACCOUNT SCHOLARSHIPS/ FELLOWSHIPS/ EDUCATIONAL PAYMENTS

(Revised 12/2017)

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 2017: \$	SPRING 2018: \$	SUMMER 2018: \$

_____ SIGNED _____ DATE _____
 DEPARTMENT SPONSOR

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

Contact Scholarships @ 325-2623 for questions regarding this form and/or payment status. **Send to Trisha Cole (scan and email to tcole@ou.edu - preferred) or Campus Mail: Scholarships, Attn: Trisha Cole, Whitehand Hall 415**