

UNIVERSITY OF OKLAHOMA

Financial Aid Form

Prepared by: _____

Phone # _____

Email: _____

2024-2025 AUTHORIZATION FOR STATE ACCOUNT SCHOLARSHIPS/ FELLOWSHIPS/ EDUCATIONAL PAYMENTS
 (Revised 08/29/2024)

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
---	-----------------------------

NEW			CHECK ONE ADDITIONAL AMOUNT			CANCELLATION			DATE						
STUDENT ID #			LAST NAME			FIRST NAME			MIDDLE INI.						
PERMANENT ADDRESS															
IS THE INDIVIDUAL OTHERWISE APPOINTED WITHIN THE UNIVERSITY?			CITY			STATE			ZIP						
NO			YES			NAME OF SCHOLARSHIP (Displayed to Student)			BANNER CODE (OPTIONAL)						
ORG		FUND		FUNCTION 00018 00012 00013 <small>(SPONSORED FUNDS ONLY)</small>		ENTITY		PROJECT		SOURCE		PURPOSE		IS A BUDGET SET UP IN PEOPLESOFT FOR THIS ORG, FUND, FUNCTION? <input type="checkbox"/> YES	
DEPARTMENT						DEPT CHAIR/DIR									
PAY PER SEMESTER FALL 2024: \$				SPRING 2025: \$				SUMMER 2026: \$							

_____ SIGNED _____ DATE _____
 DEPARTMENT SPONSOR

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

Contact Stacy Henshall 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, 312 Buchanan Hall**