UNIVERSITY OF OKLAHOMA Financial Aid Form

| Prepared by: | |
|--------------|--|
| Phone # | |

2022-2023 AUTHORIZATION FOR STATE ACCOUNT SCHOLARSHIPS/ FELLOWSHIPS/ EDUCATIONAL PAYMENTS

(Revised 4/26/2022)

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

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|--|------------|------------------------------|---------------------|----------------|-------------------|-----------------------|-------------|
| I HAVE READ THE STA THIS AWARD ADHERE: EDUCATIONAL PAYME | S TO THE R | EQUIREMENTS OF A | SCHOLARSHIP. | FELLOWS | SHIP OR | | |
| CORRECT. | | | | | - | Sponsor | 's initials |
| | | | | | | | |
| | □ NEW | CHECK ONE ADDITIONAL AMOUNT | ☐ CANCELLATIO | N | | DATE | |
| STUDENT ID# | | LAST NAME | | FIRST NAME | | | MIDDLE INI. |
| | | | | | | | |
| PERMANENT ADDRESS | | - 1 | | | | | |
| IS THE INDIVIDUAL OTHERWISE AI THE UNIVERSITY | | CITY | | STATE | | | ZIP |
| □ NO [| □ YES | NAME OF FUND | | | | | |
| DEPARTMENT ChartField Account Number | | | | | | BANNER CODE (OPTIONAL |) |
| DEPARTMENT | | | | DEPT CHAIR/DIR | ₹ | | |
| PAY PER SEMESTER | | | | | | | |
| FALL 2022: \$ | | SPRING 2023: \$ | | | SUMMER 2023: | \$ | |
| | | | | | | | |
| | | | | | | | |
| | | | | SIGNED | | | |
| | DEPARTME | NT SPONSOR | | | | DATE | |
| | | APPROVED (| For Research Servic | es/CCE Spor | nsored Programs): | | |
| | | | | SIGNED | | | |
| | DEPARTME | NT 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