



**SCHOLARSHIP / AWARD REQUEST**

SAN FRANCISCO STATE UNIVERSITY  
1600 HOLLOWAY AVENUE, SAN FRANCISCO, CA 94132

**PAYABLE TO:**

First Name Last Name SFSU ID#

Amount requested

CHARTFIELD: Account: 609005; Fund US Dept ID Program Class

The Scholarship will first be applied to any University obligation. When there is a balance or no obligation, a check will either be mailed to the address the student has on file with The Registrar's Office or direct deposited (student must sign up ten [10] working days prior to check disbursement)

Name of scholarship or award

Academic Year

SEMESTER FALL SPRING SUMMER

Enrollment required for scholarship / award, per scholarship agreement on file with the office of student Financial Aid:

Full-time 8 units (graduate) 12 units (undergraduate)  
Half-time 4 units (graduate) 6 units (undergraduate or graduate)

**OR**

Specify minimum number of units Explain

Authorized Signature \_\_\_\_\_ Date

First & Last Name Phone

Project's contact person

ACCOUNTING USE ONLY			
Date Received by Fiscal Affairs	Approved For Availability of Fund by Fiscal Affairs	Processed by Financial Aid	Date Processed by Financial Aid
	By _____		
	Date _____		