

SCHOLARSHIP REQUEST

| Section 1: Basic Information | | | | |
|---|------------|---|-------------------|--------|
| DATE: | | COLLEGE/DEPARTMENT: | | |
| REQUESTOR CONTACT NAME: | | EXTENSION/EMAIL: | | |
| ACCOUNT NAME: | | SCHOLARSHIP NAME: (IF DIFFERENT FROM ACCOUNT NAME) | | |
| ACCOUNT NUMBER: | | OBJECT CODE: | | |
| Section 2: Recipient Information | | | | |
| Recipient # | Student ID | Student Name | Semester and Year | Amount |
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| Please attach additional page for additional recipients, if necessary. | | | GRAND TOTAL: | |
| Section 3: Required Signatures | | | | |
| <input type="checkbox"/> By checking this box, the person preparing this form and the authorized signers confirm that students listed meet donor intent/grant agreement requirements. | | | | |
| <input type="checkbox"/> By checking this box, the person preparing this form and the authorized signers confirm that there is sufficient funds in the account for the requested disbursements. | | | | |
| ARM/Fiscal Officer Approval: | NAME | SIGNATURE | DATE | |
| Dean/VP/AVP Approval: <small>(Required for amounts totaling \$750 and above)</small> | NAME | SIGNATURE | DATE | |
| Section 4: Submission | | | | |
| Please submit completed form as follows: <ul style="list-style-type: none"> • PF Accounts (6XXX, 8XXX): csudhpf@csudh.edu • All other TAP/OSRP Accounts (5XXXXX, 9XXX): auxiliarypartners.procurement@csudh.edu • CC: rfernandez@csudh.edu and finaid@csudh.edu <p>Please note that scholarship requests have a 7 to 10 business-day processing time.</p> <p style="text-align: center;">GO TOROS!</p> | | | | |

FOR TORO AUXILIARY PARTNERS/PF USE ONLY

| | | | |
|-----------------------------|--------------|------------------------------------|------------------|
| ACCT. BALANCE | PROCESSED BY | DATE | PURCHASE ORDER # |
| TAP/PF Accounting Approval: | | TAP E.D. Approval (over \$50,000): | |

SCHOLARSHIP REQUEST

| Additional Recipients | | | | |
|-----------------------|------------|--------------|-------------------|--------|
| Recipient # | Student ID | Student Name | Semester and Year | Amount |
| 11 | | | | |
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| 37 | | | | |
| 38 | | | | |
| 39 | | | | |
| 40 | | | | |
| | | | GRAND TOTAL: | |

FOR TORO AUXILIARY PARTNERS/PF USE ONLY

| | | | |
|-----------------------------|--------------|------------------------------------|------------------|
| ACCT. BALANCE | PROCESSED BY | DATE | PURCHASE ORDER # |
| TAP/PF Accounting Approval: | | TAP E.D. Approval (over \$50,000): | |