

SFA USE ONLY  
DATE STAMP

# SAG FORM SCHOLARSHIP AND GRANT AUTHORIZATION

SFA USE ONLY  
PROSAM STAMP

\*\*\*PLEASE TYPE OR PRINT CLEARLY\*\*\*

DATE SUBMITTED \_\_\_\_\_

SCHOOL TERM FOR DISBURSEMENT OF AID (write the year in only one space)

Yr. \_\_\_ Fall Semester      Yr. \_\_\_ 4-week Summer

Yr. \_\_\_ Spring Semester      Yr. \_\_\_ 8-week Summer

Yr. \_\_\_ Fall Only (ONLY IF SCHOLARSHIP WILL NOT BE REPEATED IN SPRING)

CAMPUS (where student is enrolled)

\_\_\_ UK      \_\_\_ MEDICINE      \_\_\_ DENTISTRY

NAME OF ACCOUNT: \_\_\_\_\_

ACCOUNT NUMBER (include object code): \_\_\_\_\_

FRS (old) OBJECT CODE: \_\_\_\_\_ (MUST be supplied)

DEPARTMENTAL AUTHORIZING SIGNATURE: \_\_\_\_\_

FORM PREPARED BY: \_\_\_\_\_

NAME \_\_\_\_\_

COLLEGE \_\_\_\_\_

DEPARTMENT NAME \_\_\_\_\_

DEPARTMENT NUMBER \_\_\_\_\_

ADDRESS & SPEED SORT \_\_\_\_\_

PHONE NUMBER \_\_\_\_\_

E-MAIL ADDRESS \_\_\_\_\_

**ALL DEPARTMENTS MUST NOW FILL IN THE BOX BELOW FOR ALL ACCOUNTS**

**\*\*\*\*\*WE CANNOT PAY YOUR STUDENTS UNTIL WE HAVE THIS INFORMATION\*\*\*\*\***

Please supply this information with your submission or processing will be delayed while we request it from you. Consult the IRIS web site and/or SAP for items you do not know.

Fund: \_\_\_\_\_

Functional Area: \_\_\_\_\_

Funds Center: \_\_\_\_\_

WBS Element: \_\_\_\_\_

Business Area: \_\_\_\_\_

This award is a (mark only one):

Scholarship       Grant  
 Loan       Other (specify) \_\_\_\_\_

The recipient is selected by (mark only one):

College       State Entity  
 Department       Private Entity  
 Federal Entity       Other (specify) \_\_\_\_\_

STUDENT ID NO.	NAME (last, first, middle init.)	SPECIAL	AMOUNT	DATE (SFA ONLY)
_____	_____	_____	_____	_____ 1
_____	_____	_____	_____	_____ 2
_____	_____	_____	_____	_____ 3
_____	_____	_____	_____	_____ 4
_____	_____	_____	_____	_____ 5
_____	_____	_____	_____	_____ 6
_____	_____	_____	_____	_____ 7
_____	_____	_____	_____	_____ 8
_____	_____	_____	_____	_____ 9
_____	_____	_____	_____	_____ 10

PLEASE BRING, E MAIL, OR FAX ONE ORIGINAL AND ONE COPY OF THIS AUTHORIZATION TO: SFA OFFICE, 128 FUNKHOUSER BUILDING, 0054, FAX Number 257-4398

PAGE TOTAL \_\_\_\_\_

TOTAL STUDENTS \_\_\_\_\_

GRAND TOTAL \_\_\_\_\_

# SAG CONTINUATION FORM

SFA OFFICE USE ONLY

AID CODE

STUDENT ID NO.	NAME (last, first, middle init.)	SPECIAL	AMOUNT	DATE (SFA Only)	
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**PAGE TOTAL**  
**GRAND TOTAL**

**TOTAL STUDENTS**  
\_\_\_\_\_