

SFA USE ONLY  
DATE STAMP

# SAG FORM SCHOLARSHIP AND GRANT AUTHORIZATION

SFA USE ONLY  
FAM 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)

SFA OFFICE USE ONLY

AID ID \_\_\_\_\_

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 \_\_\_\_\_

IS THIS A NEW ACCOUNT NUMBER? For all new accounts, you must fill out the box below

\_\_\_ YES \_\_\_ NO

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

A NEW ACCOUNT NUMBER has never been submitted to the Student Financial Aid Office. This includes accounts for which the number has changed with the fiscal year, even if the name has not changed.

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

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

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

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

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

This award is a (mark only one):

The recipient is selected by (mark only one):

\_\_\_ Scholarship \_\_\_ Grant

\_\_\_ College

\_\_\_ State Entity

\_\_\_ Loan \_\_\_ Other (specify) \_\_\_\_\_

\_\_\_ 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)
_____	_____	_____	_____	11
_____	_____	_____	_____	12
_____	_____	_____	_____	13
_____	_____	_____	_____	14
_____	_____	_____	_____	15
_____	_____	_____	_____	16
_____	_____	_____	_____	17
_____	_____	_____	_____	18
_____	_____	_____	_____	19
_____	_____	_____	_____	20
_____	_____	_____	_____	21
_____	_____	_____	_____	22
_____	_____	_____	_____	23
_____	_____	_____	_____	24
_____	_____	_____	_____	25
_____	_____	_____	_____	26
_____	_____	_____	_____	27
_____	_____	_____	_____	28
_____	_____	_____	_____	29
_____	_____	_____	_____	30
_____	_____	_____	_____	31
_____	_____	_____	_____	32
_____	_____	_____	_____	33
_____	_____	_____	_____	34
_____	_____	_____	_____	35
_____	_____	_____	_____	36
_____	_____	_____	_____	37
_____	_____	_____	_____	38
_____	_____	_____	_____	39
_____	_____	_____	_____	40
_____	_____	_____	_____	41
_____	_____	_____	_____	42
_____	_____	_____	_____	43
_____	_____	_____	_____	44
_____	_____	_____	_____	45
_____	_____	_____	_____	46
_____	_____	_____	_____	47
_____	_____	_____	_____	48
_____	_____	_____	_____	49
_____	_____	_____	_____	50

PAGE TOTAL \$ \_\_\_\_\_  
GRAND TOTAL \$ \_\_\_\_\_

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