

Check Request No.



The University of Georgia

Scholarship Request Form - UGA Foundation Funds

Instructions:

- AWARD REQUESTS** - Complete a UGA Foundation Check Request to authorize the disbursement of funds for this scholarship request by following the policies and procedures found at [www.ugafoundation.org](http://www.ugafoundation.org). Input the check request number above. All fund numbers, fund names, and amounts on this form must agree with the UGA Foundation Check Request. **If the funds do not have an adequate balance to support this expenditure, the UGA Foundation will return this request to the Department.**
- CANCELLATION REQUESTS** - Enter the check request number associated with the **original award**. Cancellations should be entered as a negative value.
- Complete the following table. One row is needed for each term. Awards should be entered as a positive value. Please enter the student name as it appears in official University records. Enter your contact information in the Direct Inquiries section below. Please complete a separate form if more than ten rows are needed. Multiple forms may be attached to a single check request. When multiple forms are used, each form must be signed and complete. Limit 2 forms per check request.
- Check the Need Based box if the scholarship award is based on financial need as determined by the UGA Office of Student Financial Aid (OSFA).
- Include any special instructions in the comments section below. For example, please indicate if full-time enrollment is required.
- Print the form using the buttons at the top-right of the form. Attach this form to the UGA Foundation check request.
- Obtain an approval signature on this form and the UGA Foundation check request. Once approved, submit the request via campus mail to the UGA Foundation, Attn: Expenditure Control, Milledge Center Building, Rm 194.

**\*\*Office of Student Financial Aid (OSFA) will send notification to all recipients upon receipt of this form. \*\***

Note: If scholarship results in an overpayment to any recipient, OSFA will reduce, cancel, and/or ask for repayment accordingly in compliance with federal/state/institutional regulations.

Need Based	Fund No.	Fund Name	Student Name (Last First MI)	UGA ID (9 digits)	Term	Year	Amount	Award/Cancel
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Award
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Award
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Award
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Award
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Award
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Award
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Award
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Award
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Award
<input type="checkbox"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Award

Comments or Special Instructions:

Total:

By signing this form, I affirm that the scholarship recipients, amounts, and other information listed on this request represents a proper charge to the indicated Foundation account(s) and the scholarship recipients were chosen according to the terms of the governing fund agreement and institutional regulations.

**VP/Dean or Director**

Approved By: \_\_\_\_\_ (Sign) \_\_\_\_\_ (Date)

**UGA Foundation**

Approved By: \_\_\_\_\_ (Sign) \_\_\_\_\_ (Date)

**Direct Inquiries To:**

Name: \_\_\_\_\_

Dept Name: \_\_\_\_\_

Email: \_\_\_\_\_

Phone #: \_\_\_\_\_