SFA USE ONLY
DATE STAMP

SAG FORM
SCHOLARSHIP AND GRANT AUTHORIZATION
******PLEASE TYPE OR PRINT CLEARLY******

SFA USE ONLY
PROSAM STAMP

DATE SUBMITTED _____

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

Yr. ____ Fall Semester
Yr. ____ Spring Semester
Yr. ____ Fall Only (ONLY IF SCHOLARSHIP WILL NOT BE REPEATED IN SPRING)
Yr. ____ 4-week Summer
Yr. ____ 8-week Summer

SFA OFFICE USE ONLY
AID ID _____

CAMPUS (where student is enrolled)

☐ UK ☐ MEDICINE ☐ DENTISTRY

GRANT OR SCHOLARSHIP TITLE: _____

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

***********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 your budget officer and/or SAP using transaction zfi_cobj to find the information you do not know.

Fund: _____ **Functional Area:** _____
Fund Center: _____ **WBS Element:** _____
Business Area: _____ **GL Account:** _____

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 $ _____