

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. \_\_\_ Summer Semester

Yr. \_\_\_ Spring Semester

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

CAMPUS (where student is enrolled)

\_\_\_ UK

\_\_\_ MEDICINE

\_\_\_ DENTISTRY

GRANT OR

SCHOLARSHIP TITLE: \_\_\_\_\_

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

SFA OFFICE USE ONLY

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

FORM PREPARED BY:

NAME \_\_\_\_\_

COLLEGE \_\_\_\_\_

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

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

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

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

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

Please indicate how this award should be used.

Tuition & Fees \_\_\_\_\_

Tuition Only \_\_\_\_\_

No Restriction \_\_\_\_\_

ALL DEPARTMENTS MUST 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: \_\_\_\_\_

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 email to: SAG@uky.edu or bring to Student Financial Aid Office 128 Funkhouser Building

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**  
\_\_\_\_\_