

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)

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 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
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_____	_____	_____	_____	_____	14
_____	_____	_____	_____	_____	15
_____	_____	_____	_____	_____	16
_____	_____	_____	_____	_____	17
_____	_____	_____	_____	_____	18
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_____	_____	_____	_____	_____	44
_____	_____	_____	_____	_____	45
_____	_____	_____	_____	_____	46
_____	_____	_____	_____	_____	47
_____	_____	_____	_____	_____	48
_____	_____	_____	_____	_____	49
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**PAGE TOTAL**  
**GRAND TOTAL**

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