DEPARTMENTAL SCHOLARSHIP RECOMMENDATION

WICHITA STATE UNIVERSITY

FINANCIAL AID AND SCHOLARSHIPS

20___- 20___ Academic Year

Department: _____

Award Period >>> ☐ Academic Year ☐ Fall Semester ☐ Spring Semester ☐ Summer Session
(Check one)

Fund Number: _____ **Organization Code:** _____ **Account Number:** _____
If Org. Code begins with 7XXXXX then route to Sponsored Research Accounting for approval (see below)

Does the award (payment) require the payee to perform services in exchange for receiving the payment? This includes activities such as teaching, research, or performance of services that benefit the University (i.e. playing in the pep band, dance performances, assisting a professor, working in a department, or keeping office hours) NOTE: Mark "No" if recipient is working on research and funding is from a grant. ☐ **YES** ☐ **NO**

If yes, please describe in detail the type of services performed. _____

_____

Name of Scholarship: _____ **Refundable**: ☐ YES ☐ NO

This is a REIMBURSEMENT for a student's out-of-pocket expense: ☐ YES ☐ NO

If there are pay out restrictions, provide details of the charges that the award can cover >>> _____

_____

The recipient is a (check the appropriate box) >>>

    ☐ Full-time employee of WSU   ☐ Part-time employee of WSU   ☐ Not an employee of WSU

Minimum Required Hours of Actual Enrollment >>>
☐ Full time (undergrad= 12+ hrs; grad= 9+ hrs.)
☐ ¾ time (undergrad= 9-11hrs; grad= 7-8 hrs.)
☐ ½ time (undergrad=6-8 hrs; grad= 5-6 hrs.)
☐ less than ½ time (undergrad= 1-5 hrs; grad= 1-4 hrs.)

Amount of Award: _____
    If based on enrollment, department must calculate maximum award.

_____   _____
Student's Name   myWSU ID

_____   _____
Authorized Signature   * Sponsored Research Accounting Signature

_____ _____ _____
Budget Officer Signature   Phone Number   Date

_____ _____ _____
Department Contact Name (please print)   Phone Number   Date

Notes: _____

PLEASE RETURN TO: scholarship.college@wichita.edu or
Mail to: The Office of Financial Aid and Scholarships, Campus box 24

For Office Use Only:

Fund Number: _____	Date: _____	Processor: _____