

# DEPARTMENTAL SCHOLARSHIP RECOMMENDATION



WICHITA STATE UNIVERSITY

20\_\_ - 20\_\_ Academic Year

FINANCIAL AID AND SCHOLARSHIPS

**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](mailto: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: _____
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