



SCHOLARSHIP AWARD FORM

ASI AGENCY ACCOUNT



Cal Poly Pomona
Office of Financial Aid & Scholarships

List the first recipient here. If you have additional recipients for the same account/project number, use the second page "Scholarship Award Form Foundation Account (con't.)" for the rest of the recipients.

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Student's First Name

Student's Last Name

Bronco Number

Account / Project Number: _____
Name of Organization: _____
Scholarship Name: _____
Award Year: _____
Amount to Award: _____
Total Amount to be billed to this Account/Project Number: _____

Quarter(s) to Disburse: Fall Winter Spring Summer

Minimum number of units required for student to receive this award (Must be greater than 0)

Name of Person Preparing Form (please print)

Extension #

Account Authorized Signature (Student)

Date (mm/dd/yy)

Authorized Account Signature (Advisor)

Date (mm/dd/yy)

If the second page is being used, please sign the second page as well.

This expenditure benefits the educational mission of the CSU and meets the policy requirements of the Education Code Section 89904.6, Section 9.2 Policy on Expenditure of Funds for CSU Auxiliary Organizations. It is, also, in compliance with the University Related Project Agreement.

SCHOLARSHIP AWARD FORM ASI AGENCY ACCOUNT (con't)

If you have more than one student for the **same account / project number**, add the additional students here.

Account / Project Number: _____

	Bronco #	Student Name	Scholarship Name	Amount	Quarter (F/W/Sp/Su)
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3.					
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31.					
32.					
TOTAL for both pages					

Account Authorized Signature (Student)

Date (mm/dd/yy)

Account Authorized Signature (Advisor)

Date (mm/dd/yy)