

UNIVERSITY OF OKLAHOMA

Financial Aid Form

Prepared by: _____

Account Code: _____

Phone #: _____

2021-2022 AUTHORIZATION FOR STATE ACCOUNT SCHOLARSHIPS/ FELLOWSHIPS/ EDUCATIONAL PAYMENTS

(Revised 7/12/2021)

This form is for educational payments to students through Departmental/State Accounts *only*. Scholarships through Regent's Funds must be requested through the OU Foundation. To qualify as a scholarship/fellowship, the student receiving this award must NOT be required to perform services for OU beyond those normally required for any individual pursuing a similar course of study to which the scholarship applies. Regent's Funds must be requested through the OU Foundation.

To qualify as a scholarship/fellowship, the student receiving this award must NOT be required to perform services for OU beyond those normally required for any individual pursuing a similar course of study to which the scholarship applies.

Individuals on research fellowships must also meet all of the following conditions:

- (1) The individual's research schedule should be independent of faculty supervision.
- (2) The individual must be allowed to choose and direct his/her own research work.
- (3) The university or department must NOT have the right to retain any patents or copyrights resulting from the individual's research.

If any of these conditions are not satisfied, please contact Payroll and Records at 325-2961.

Payments or reimbursements for educational costs can be considered an educational payment. Payments or reimbursements for non-educational costs, or payments for hours worked cannot be processed through this form.

SPONSOR - PLEASE READ BELOW AND INITIAL

I HAVE READ THE STATEMENT ABOVE AND CERTIFY TO THE BEST OF MY KNOWLEDGE THAT
THIS AWARD ADHERES TO THE REQUIREMENTS OF A SCHOLARSHIP/FELLOWSHIP OR
EDUCATIONAL PAYMENT AND THE INFORMATION PROVIDED ON THIS FORM IS TRUE AND
CORRECT.

Sponsor's initials _____

CHECK ONE			DATE
<input type="checkbox"/> NEW	<input type="checkbox"/> ADDITIONAL AMOUNT	<input type="checkbox"/> CANCELLATION	
STUDENT ID #	LAST NAME	FIRST NAME	MIDDLE INIT.
PERMANENT ADDRESS			
IS THE INDIVIDUAL OTHERWISE APPOINTED WITHIN THE UNIVERSITY?		CITY	STATE
<input type="checkbox"/> NO <input type="checkbox"/> YES		NAME OF FUND	
DEPARTMENT # TO CHARGE			BANNER CODE (OPTIONAL)
DEPARTMENT		DEPT CHAIR/DIR	
PAY PER SEMESTER FALL 2021 \$		SPRING 2022: \$	SUMMER 2022: \$

DEPARTMENT SPONSOR		SIGNED	DATE
APPROVED (For Research Services/CCE Sponsored Programs):			
DEPARTMENT SPONSOR		SIGNED	DATE

Contact Stacy Henshall for questions regarding this form and/or payment status. Send to Stacy Henshall (scan and email to shenshall@ou.edu - preferred) or Campus Mail: Scholarships, Attn: Stacy Henshall, 312 Buchanan Hall