

UNIVERSITY OF OKLAHOMA

Financial Aid Form

Prepared by: _____

Phone # _____

Email: _____

2026-2027 AUTHORIZATION FOR STATE ACCOUNT SCHOLARSHIPS/ FELLOWSHIPS/ EDUCATIONAL PAYMENTS

(Revised 07/02/2026)

Please submit this form to bulk scholarship processing link <https://lfforms.ou.edu/Forms/soscholarshiprequest>. 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

NEW			CHECK ONE ADDITIONAL AMOUNT			CANCELLATION			DATE														
STUDENT ID #												LAST NAME			FIRST NAME			MIDDLE INI.					
PERMANENT ADDRESS												CITY			STATE			ZIP					
IS THE INDIVIDUAL OTHERWISE APPOINTED WITHIN THE UNIVERSITY?			NAME OF SCHOLARSHIP (Displayed to Student)			BANNER CODE (OPTIONAL)			YES			NO											
ORG		FUND		FUNCTION		00018		00012		00013		ENTITY		PROJECT		SOURCE		PURPOSE		IS A BUDGET SET UP IN PEOPLESOFT FOR THIS ORG, FUND, FUNCTION?		☐ YES	
DEPARTMENT												DEPT CHAIR/DIR											
PAY PER SEMESTER			FALL 2026: \$			SPRING 2027: \$			SUMMER 2027: \$														

DEPARTMENT SPONSOR

SIGNED

DATE

APPROVED (For Research Services/CCE Sponsored Programs):

DEPARTMENT SPONSOR

SIGNED

DATE

Contact Stacy Henshall shenshall@ou.edu for questions regarding this form and/or payment status.