

Form Reset

**DEPARTMENTAL REQUEST FOR STUDENT AWARDS (FORM B):
HEALTH SCIENCES CENTER**

This form B is to submit awards from WVU Foundation for which the Budget Division equals FAD. The Financial Aid Office is responsible for processing reimbursements from the WVU Foundation. Note a separate form must be submitted for each WVU Fund ID. *Please attach another sheet to add more than twelve student award requests.*

FOR INTERNAL USE ONLY
Tag #: _____
Date processed:
___/___/___
Entered by:

Once completed, please email this form to DeptRSA@mail.wvu.edu

Section 1: STUDENT AWARD REQUEST

1. The following award amounts are being requested for which academic year? _____

List of Requested Student Awards

Student WVU ID #	First Name	M.I.	Last Name	Fall Award Amount	Spring Award Amount	Summer Award Amount	Year Total

2. Overall total of all student award amounts: _____

3. WVU Foundation Description: _____

Comments:

Section 2: PREPARER'S INFORMATION

Signature Printed Name

Department Date

Section 3: EBO INFORMATION

Signature Printed Name

Department Date