

Form Reset

DEPARTMENTAL REQUEST FOR STUDENT AWARDS (FORM A): COLLEGE OF EDUCATION AND HUMAN SERVICES

This form A is to submit awards to be supported by state, Research Corp., or WVU Foundation funds for which the Financial Aid Office is not the budget officer (WVUF Budget Division does not equal FAD). Awards from WVU Foundation funds where the Budget Division does equal FAD must be submitted on Form B. The Banner Student System will charge these expenses to the department GL account. Your EBO is responsible for processing any third-party reimbursement (i.e. WVU Foundation, etc.). 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: | | | | |
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| Entered by: | | | | |
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Once completed, please email this form to DeptRSA@mail.wvu.edu

| Section 1: STUDENT AWARD REQUEST | | | | | | | | |
|----------------------------------|--------------------|-----------------|-----------|-----------------|----------------------|---------------------------------------|------------------------|---------------------------------------|
| 1. | The following aw | vard amounts a | are being | requested for v | vhich academic | year? | | |
| Lis | st of Requested | d Student Aw | ards | | | | | |
| S | tudent WVU ID# | First Name | M.I. | Last Name | Fall Award Amount | Spring Award Amount | Summer Award Amount | Year Total |
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| 2. | Overall total of a | all student awa | d amour | nts: | | · · · · · · · · · · · · · · · · · · · | | |
| 3 | STAR/Banner D | etail Code and | Fund Co | ode. | | | | |
| | mments: | otali oodo diid | i dila o | Juo | | | | · · · · · · · · · · · · · · · · · · · |
| Co | mments: | | | | | | | |
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| 4. | From which acco | • | • | | | · · | | |
| | State: _ | | | | | | | |
| | WVUF F | =und: | | | | | | |
| | WVU R | C: | | | | | | |
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| Section 2: PREPARER'S INFORMATION | |
|-----------------------------------|--------------|
| | |
| Signature | Printed Name |
| Department | Date |
| Section 3: EBO INFORMATION | |
| | |
| Signature | Printed Name |
| | |
| Department | Date |