

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](mailto: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 \_\_\_\_\_