FLORIDA STATE UNIVERSITY
Office of Financial Aid

Departmental Scholarship Request Form

Note: Please use this form to request payment of departmental scholarships NOT processed through the FSU Foundation, complete this form, and return it to the Office of Financial Aid via email at **FA-OFAScholarships@fsu.edu**. Please allow 4-5 business days for processing (Excluding Peak Times). Incomplete forms, or missing information will result in a delay of processing request.

Please indicate whether the student will be enrolled for less than six credit hours and is approved to receive scholarship funds as an underload

Department Name: _____ Date Requested: _____

Requested By: _____ Title: _____

Phone: _____ Email: _____

Academic Year: _____

In the space below, please provide the following information for the student who will be receiving this award:

EMPLID	Last Name	First Name	Fund Name	Fall Award	Spring Award	Summer Award	Total Award	Underload (Y/N)
EX.123456789	*Smith*	*Jane*	*College of Medicine Grad Scholarship*	*$ 6,732.15*			*$ 6,732.15*	*Y*
							$ 0.00	
							$ 0.00	
							$ 0.00	
							$ 0.00	
							$ 0.00	
							$ 0.00	
							$ 0.00	
							$ 0.00	
							$ 0.00	
							$ 0.00	
							$ 0.00	
							$ 0.00	
							$ 0.00	
							$ 0.00	
							$ 0.00	
							$ 0.00	
							$ 0.00	
							$ 0.00	
							$ 0.00	
							$ 0.00	
							$ 0.00	
							$ 0.00	
							$ 0.00	
							$ 0.00	
							$ 0.00	
							$ 0.00	
							$ 0.00	
							$ 0.00	
							$ 0.00	
							$ 0.00	
							$ 0.00	
							$ 0.00	
							$ 0.00	
							$ 0.00	
							$ 0.00	
							$ 0.00	
							$ 0.00	
							$ 0.00	
							$ 0.00	