



Student Financial Services

1 Harpst St, Arcata CA 95521 - (707)826-4407 - CASH@humboldt.edu - studentfinancialservices.humboldt.edu

### STUDENT AWARD REQUEST FORM

- If verification of hours/participation is required for this award; please submit (1) form per student & per payment for subsequent payments.
- If your intention is to pay a student's tuition/fees: please use the Third Party Financial Guarantee. *You will then be billed for the intended tuition/fees after the add/drop date. If the student withdraws, you will receive a refund for the prorated fees.*
- Please thoroughly fill out the "Award Information" section of this form to ensure the student's financial aid package is coordinated accordingly. This will expedite the payment request process so the student can get paid as close to the requested payment date as possible.
- Student Financial Services will share this Student Award information with the Financial Aid Department. *The Financial Aid Department is required to coordinate all financial assistance awarded to the student in their financial aid award package. This includes: stipend, scholarship, internship, fellowship payments, etc.*
- Per the University's standard business practice; all student funding will be posted to the student's account & apply to any past due fees prior to being refunded. Exceptions can be made, please contact Kristen Delaney at 707-826-4941.

#### Dept. Contact Information

Date: \_\_\_\_\_ Contact: \_\_\_\_\_ Ext: \_\_\_\_\_

Business Unit:  ADV - Advancement Foundation  ASB - Associated Students  CMP - Campus

#### Award Information

Award Name: \_\_\_\_\_

Total Anticipated Award Amount: \$ \_\_\_\_\_

What semester(s) should the student(s) receive the payment(s)?  Fall  Spring  Summer

How many estimated individual payments should the student(s) receive for this award? \_\_\_\_\_

#### Payment Information

Payable to: Cal Poly Humboldt - Payment will be posted to the student's account.

Total Amount	Account	Fund	Dept. ID #	Program	Class	Project
\$						

Last Name	First Name	Humboldt ID #	Payment Amount	Payment Date

I hereby certify upon my knowledge that the budgeted funds are available for this expenditure and that this expenditure is in accordance with the designed purpose of this account.

\_\_\_\_\_  
Department Certification/Approved Project Signer      Date

\_\_\_\_\_  
Print Name

Please allow two weeks for processing, Student Financial Services will make every attempt to process the payment as close to the requested date as possible.