

SCHOLARSHIP / FELLOWSHIP PAYMENT REQUEST

TEXAS A&M RESEARCH FOUNDATION

DATE : _____

TAMRF ACCOUNT NO: _____

TO: Susie Banks (458-5370)
 Dept. of SFA -Scholarship Office
 Room 215 Pavillion -MS 1252

CHARGE TO ACCOUNT NO: 653031

ACCOUNT NAME: Texas A&M Research Foundation

THROUGH: Texas A&M Research Foundation

TAMRF CONTACT : Dana Thomas (845-3806)

FROM: _____
 Principal Investigator's Name

 Department's Preparer's Name Telephone

PLEASE CHECK ONE:

PLEASE CHECK ONE:

PAYMENT

SCHOLARSHIP (LUMP SUM PMT.)

CANCELLATION

FELLOWSHIP (MONTHLY PMT.)*

REVISION

*Fall = 4 payments

*Spring = 5 payments

FOR SFA OFFICE USE ONLY	
Subcode	_____
Entered	_____
Cancelled	_____
Verified	_____

Place " X " in appropriate payment box. Requests for Summer payments must be made on separate form.

UIN NUMBER	STUDENT NAME	TOTAL	Split Fall/ Spring 20 __	Fall Only 20 __	Spring Only 20 __	SS I 20 __	SS II 20 __	TAMRF Encumbrance <small>(TAMRF Use Only)</small>

I certify that:

- These costs were incurred to conduct research and are properly chargeable to the account.
- All non-resident students who receive a non- resident tuition waiver are selected for an academic competitive scholarship/fellowship according to University Rule 13.
- Race was not a factor in the selection process for these awards.
- Student(s) receiving awards also meet the minimum standards that have been set by the University Scholarship Committee.

If student(s) is registered less than full- time or in a Cooperative Education Program, please indicate if student is eligible to receive scholarship. Yes No

 Principal Investigator's Signature

TAMRF Use Only	
<p>TAMRF Project Administrator _____ Signature</p>	<p>_____ TAMRF Account No. & Subcode</p>