



Revised: 1/9/20

Office of Student Financial Aid & Scholarships

Scholarship/Fellowship Request

OFFICE USE ONLY

Student Name: _____ NSHE ID: _____

SECTION 1: DEPARTMENT INFORMATION

Department: _____ Mail Stop: _____
Contact Name: _____ Contact Phone: _____

SECTION 2: SCHOLARSHIP/FELLOWSHIP DETAILS

Scholarship/Fellowship Title: _____

1. Description: Provide a description in the box below that includes details such as the criteria for selecting recipients, special requests, etc.

2. Restrictions: Explain any restrictions for the scholarship/fellowship in the box below.

3. Account Information: In the spaces below, provide the Workday account information for the scholarship/fellowship.

Unit	Cost Center	Fund	Function	Detail Worktag	Activity	Spend Category	Amount
						SC0444	
						SC0444	

Note: Funds will be disbursed through financial aid. Students must be enrolled in a minimum of six credits for each semester and must also be meeting Satisfactory Academic Progress (SAP). If request is received in the fall, amounts under \$1,000 will be fall only, and amounts of \$1,000 or more will be split equally between fall and spring semesters. Amounts paid from funds FD405, FD406, or FD415 require a current Graduate & Undergraduate Scholarship Application.

SECTION 3: DEPARTMENT CERTIFICATION

Name and Title of Authorized Signer: _____

Signature: _____ Date: _____

Name and Title of Additional Authorized Signer (if required): _____

Signature: _____ Date: _____

FOR OFFICE USE ONLY

- Meets SAP 6+ Credits Reviewed Account Budget GUS/New Admit for FD405, FD406, or FD415 accounts
- 92100004220 - Scholarship 92100004225 - Fellowship (must be graduate student and amount must be greater than \$10,000)

Scholarship Team Signature: _____ Date: _____

Disbursement: Monthly Fall Only Spring Only Fall/Spring

SUBMIT TO: MAIL STOP: 0076 Fax: 775-784-1025 E-mail: finaid@unr.edu Location: 3rd Floor, Fitzgerald Student Services Bldg.