



LOUISIANA STATE UNIVERSITY

Louisiana State University
Office of Accounting Services
Sponsored Program Accounting
240 Thomas Boyd Hall

REQUEST TO ESTABLISH SCHOLARSHIP/FELLOWSHIP

AS498

(Excluding LSU Foundation)

General Information

Grant ID	_____	FDM Translation (SPA only)	_____
Requested By	_____	Request Date	_____
Phone #	_____	E-mail	_____

Please check all that apply:	Spend Category	TRX Code	TRX Code*
		LSU Students	Non-LSU Students
<input type="checkbox"/> Graduate Fellowship (SAE)	SC0111		
<input type="checkbox"/> Undergraduate Fellowship (SAE)	SC0114		
<input type="checkbox"/> Scholarship - Cash Award (SAE)	SC0112		
<input type="checkbox"/> Scholarship - Tuition/Fee Exemption (ABS)	SC0112		

*For students not required to be enrolled as a condition of award or non-LSU students.

Criteria**

Name of Scholarship/Fellowship	_____		
Cost Center Hierarchy	_____	Cost Center	_____
Student Classification	_____	Major	_____
GPA (For Original Award)	_____	GPA (To Retain)	_____
Full-time required?	<input type="checkbox"/> Yes <input type="checkbox"/> No	Amount	_____
Semesters Awarded	<input type="checkbox"/> Fall <input type="checkbox"/> Spring <input type="checkbox"/> Summer <input type="checkbox"/> Full Year	Number of Semesters/Years Student can receive Scholarship/Fellowship	_____
Online Semesters Awarded	<input type="checkbox"/> First Fall (1L) <input type="checkbox"/> First Spring (2D) <input type="checkbox"/> Second Fall (1P) <input type="checkbox"/> Second Spring (2L)	<input type="checkbox"/> First Summer (3D) <input type="checkbox"/> Second Summer (1D)	_____
Other Requirements	_____		

** Documentation of scholarship criteria and other donor restrictions must be attached.

** For sponsored agreement accounts, documentation of fellowship criteria must be maintained by the department.

** If unrestricted funds are to be used, Board of Supervisors' approval must be attached.

Approvals

_____	_____	_____
Department Head (Required)	Print Name	Date
_____	_____	_____
Dean (Required)	Print Name	Date
_____	_____	_____
Graduate School	Print Name	Date

Routing

Graduate Fellowship:	<i>Graduate School → SPA → Student Aid → Bursar Operations</i>
Undergraduate Fellowship:	<i>SPA → Student Aid → Bursar Operations</i>
Scholarship - Cash Award:	<i>SPA → Student Aid → Bursar Operations</i>
Scholarship - Tuition/Fees:	<i>SPA → Bursar Operations → Student Aid</i>

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