

Undergraduate Grant Authorization Form

Academic departments may use this form to request grant funds for undergraduate students. This form may NOT be used for stipends, sponsored program funds, payroll or other expense reimbursements. Funds are credited to the student’s bursar account. See bfas.syr.edu for further information.

Step 1: Complete Part A and forward to the appropriate accounting office.

Awards approved by accounting will be forwarded to the Office of Financial Aid for disbursal to the student’s account. Please allow at least 14 working days from submission of this request form for awards to post to the student’s bursar account. Department awards may impact a student’s other financial aid and may necessitate an adjustment to these other aid sources in order to remain in compliance with federal, state, and institutional regulations. The Office of Scholarship Programs will notify grant recipients directly of any change to their financial aid package.

Step 2: Notify Bursar’s Office if refund check is required

All requests for refunds or checks must be made in writing by the requesting department and include a copy of this form. Send requests to: Bursar Operations, Attn: Debbie Amedro, damedro@syr.edu, 119 Bowne Hall; Phone: 315-443-2444

Part A

I/We request a Departmental Grant in the amount of $ be awarded to:

Student Name (First Middle Last)

SUID:

Term (check one): Fall \_\_\_\_\_\_ Spring \_\_\_\_\_\_ Both F & S \_\_\_\_\_\_ Summer \_\_\_\_\_\_Academic Year:

CHARTSTRING:

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| --- | --- | --- | --- | --- | --- | --- | --- |
| Fund | Department | Program | Account | MyCode | Project | Activity | Budget Reference |
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(For Sponsored Awards and Costsharing only ) Account Name:

I/We understand that all students will be reviewed by the Office of Financial Aid and Scholarship Programs for grant eligibility and any impact on his/her financial aid package.

Authorized Signer (please print):

Signature Dept/School/College

Date: Phone # Email:

**Accounting Office and Scholarship Office Only**

Accounting Office Approval: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

FAO Initials: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Process Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_