

UNIVERSITY OF MISSOURI - ST. LOUIS  
AWARD NOTICE

Please provide all information requested below in order to assure the student's account can be credited in a timely manner, then send this form to the Office of Student Financial Aid, 327 Millennium Student Center or fax it to (314) 516-5408.

School, Department or College \_\_\_\_\_

Name of award: \_\_\_\_\_

Type of award: Fellowship \_\_\_\_\_  
Scholarship \_\_\_\_\_  
Other (please specify) \_\_\_\_\_

Basis of award: (used for reporting purposes)

Merit \_\_\_\_\_  
Need based \_\_\_\_\_  
Other \_\_\_\_\_

Charge to:

FRS Account #: S-\_\_\_\_\_ FRS Account Name \_\_\_\_\_

**AND**

PeopleSoft Chartfields: Fund \_\_\_\_\_ DeptID \_\_\_\_\_ Program \_\_\_\_\_ Project \_\_\_\_\_

Business Unit \_\_\_\_\_ Class \_\_\_\_\_ PS Account\* \_\_\_\_\_

\*Budget Established in PS Account? Yes / No

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

Student #: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Mark the space next to the month(s) the student should receive the award.

January	20_____	\$
February	20_____	\$
March	20_____	\$
April	20_____	\$
May	20_____	\$
June	20_____	\$
July	20_____	\$
August	20_____	\$
September	20_____	\$
October	20_____	\$
November	20_____	\$
December	20_____	\$

Total Amount \$ \_\_\_\_\_

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The award amount will be credited to the student's account around the 15<sup>th</sup> of the Month(s) specified. If the award exceeds the student's charges, the student will receive a refund for the balance from the Cashier's Office.

\_\_\_\_\_  
Authorizing Name / Signature

\_\_\_\_\_  
Date