

# 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 : Belinda Nolan (862-1263)

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<br>Fall/<br>Spring<br>20 __ | Fall<br>Only<br>20 __ | Spring<br>Only<br>20 __ | SS I<br>20 __ | SS II<br>20 __ | TAMRF<br>Encumbrance<br><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 _____<br/>                     Signature</p> | <p>_____<br/>                     TAMRF Account No. &amp; Subcode</p> |