

**University of Alaska Anchorage
STUDENT SCHOLARSHIP PAYMENT REQUEST FORM**

Student's Name _____ SSN _____

Department Name _____ Date _____

Contact Person _____ Phone # _____

- 1) Citizenship (Check One): () U.S. Citizen () *Foreign Citizen of _____
**Note: To comply with IRS regulations, Scholarship or Fellowship payments to Foreign Nationals are subject to special reporting and withholding regulations. SEE ACT Procedure 10 for supporting documentation requirement.*
- 2) Will the recipient of this award be performing any teaching, research, or other services as a condition of this award? () **Yes () No
*** Note: If the recipient is performing teaching, research, or other services; IRS payroll regulations apply and the payment should be treated as compensation. Please process as a payroll transaction.*

Purpose of Scholarship:

Payment Information: Period of Award: From _____ to _____

Number of Payments _____ Amount of each Pmt. _____

Please List Account(s) to be Charged:

| # | Date | Organization | Acct. # | Fund Number | Amount to be disbursed | Check No. (Acct. Svcs.) | Approval (Acct. Svcs.) |
|---|------|--------------|---------|-------------|------------------------|----------------------------|---------------------------|
| 1 | | | | | \$ | | |
| 2 | | | | | \$ | | |
| 3 | | | | | \$ | | |
| 4 | | | | | \$ | | |
| 5 | | | | | \$ | | |

Approvals:

Department Head

Date

Grants & Contracts

Date

Financial Aid

Date

Accounting Manager

Date