

University of Oklahoma Health Sciences Center

Prepared by: _____

Accounts Payable

Phone number: _____

Authorization for Scholarship & Fellowship Payments

GL code: _____

CHECK ONE <input type="checkbox"/> New <input type="checkbox"/> Renewal <input type="checkbox"/> Cancellation			DATE
LAST NAME	FIRST NAME	MIDDLE IN	STUDENT ID
PERMANENT ADDRESS			<input type="checkbox"/> US CITIZEN <input type="checkbox"/> FOREIGN NATIONAL IF FOREIGN NATIONAL, SEE INSTRUCTIONS BELOW
CITY	STATE	ZIP	
MAIL CHECK TO			IS THE INDIVIDUAL OTHERWISE APPOINTED WITHIN THE UNIVERSITY? <input type="checkbox"/> NO <input type="checkbox"/> YES
CITY	STATE	ZIP	
PROGRAM TITLE		DEPT TITLE/COLLEGE	
TOTAL SCHOLARSHIP/FELLOWSHIP		MONTHLY RATE	
BEGINNING DATE		ENDING DATE	

IF MULTIPLE OR SPLIT PAYMENTS, PLEASE INDICATE PAYMENT SCHEDULE BELOW

MONTH/YEAR	AMOUNT	MONTH/YEAR	AMOUNT	MONTH/YEAR	AMOUNT

If an individual is a FOREIGN NATIONAL, complete the International Information Form (IIF) located on the Accounts Payable vendor website at <http://www.ouhsc.edu/financialservices/Downloads/AP/IIF.pdf>. Forward IIF with this Authorization for Scholarship & Fellowship Form to Accounts Payable with your PeopleSoft voucher payment request. Any questions, please call Accounts Payable at 271-2410.

SPONSOR - PLEASE READ AND SIGN BELOW

To qualify as a scholarship/fellowship, the individual receiving this award must not be required to perform services for the University of Oklahoma Health Sciences Center beyond those normally required for any individual pursuing a similar course of study to which this award applies. Accounts Payable will be reporting this information to the Financial Aid Department.

Individuals on research fellowships must also meet all of the following conditions: (1) The individual's research schedule should be independent of faculty supervision. (2) The individual must be allowed to choose and direct his/her own research work. (3) The university or department must NOT have the right to retain any patents or copyrights resulting from the individual's research. If any of these conditions are not satisfied, please process payment for service through the Payroll system.

I HAVE READ THE STATEMENT ABOVE AND CERTIFY TO THE BEST OF MY KNOWLEDGE THAT THIS AWARD ADHERES TO THE REQUIREMENTS OF A SCHOLARSHIP/FELLOWSHIP AND THE INFORMATION PROVIDED ON THIS FORM IS TRUE AND CORRECT.

DEPARTMENT SPONSOR NAME

DEPARTMENT SPONSOR SIGNATURE

DATE

SCHOLARSHIP/FELLOWSHIP NAME

SCHOLARSHIP/FELLOWSHIP SIGNATURE

DATE

Contact Accounts Payable at 271-2410 for questions regarding this form and/or payment status.