CALIFORNIA STATE UNIVERSITY
FULLERTON
Philanthropic Foundation

SCHOLARSHIP CHECK REQUEST

T 657-278-2786 F 657-278-7666 http://foundation.fullerton.edu

CR #

Date: _____

Requested by: _____

Phone/Ext _____

Account #: _____

Account Name: _____

Intercampus Mailing Address: _____

PLEASE NOTE:
All scholarship checks issued by Student Financial Services will be mailed directly to the student. SFS does not hold checks for pickup by the student or the department.

Students must be enrolled in the semester of award

CWID	Full Name	Name of Scholarship/Semester of Award	Amount
		Total	

CSFPF account scholarship checks for CSUF students are issued to the student by CSUF Student Financial Services. (SFS) CSFPF transfers the scholarship monies from the CSFPF account to SFS. Departments should plan for additional time for scholarship check processing. CSFPF cannot guarantee a time when a scholarship check for the student will be ready from SFS.

***Please state name of scholarship, the semester to which the award applies to qualify for the scholarship.*

➢ APPROVED SIGNATORIES Two signatures required if total amount is over $3000.
I/We certify these expenditures are in compliance with all restrictions

Approved Signature _____ Print Name _____ Date _____

Approved Signature _____ Print Name _____ Date _____

Supervisor/Superior Signature (as needed) _____ Print Name _____ Date _____

*Approved Signatories must match those on file

CSFPF ONLY

Authorized Signature _____ Date: _____

Authorized Signature (as needed) _____ Date: _____