

SFA USE ONLY
DATE STAMP

SAG FORM SCHOLARSHIP AND GRANT AUTHORIZATION

SFA USE ONLY
PROSAM STAMP

PLEASE TYPE OR PRINT CLEARLY

DATE SUBMITTED _____

SCHOOL TERM FOR DISBURSEMENT OF AID (write the year in only one space)

Yr. ___ Fall Semester 

Yr. ___ Summer Semester

Yr. ___ Spring Semester

Yr. ___ Fall Only (ONLY IF SCHOLARSHIP WILL NOT BE REPEATED IN SPRING)

CAMPUS (where student is enrolled)

___ UK

___ MEDICINE

___ DENTISTRY

GRANT OR

SCHOLARSHIP TITLE: _____

DEPARTMENTAL AUTHORIZING SIGNATURE: _____

SFA OFFICE USE ONLY

AID ID _____

FORM PREPARED BY:

NAME _____

COLLEGE _____

DEPARTMENT NAME _____

DEPARTMENT NUMBER _____

ADDRESS & SPEED SORT _____

PHONE NUMBER _____

E-MAIL ADDRESS _____

Please indicate how this award should be used.

Tuition & Fees _____

Tuition Only _____

No Restriction _____

ALL DEPARTMENTS MUST FILL IN THE BOX BELOW FOR ALL ACCOUNTS

*****WE CANNOT PAY YOUR STUDENTS UNTIL WE HAVE THIS INFORMATION*****

Please supply this information with your submission or processing will be delayed while we request it from you. Consult the IRIS web site and/or SAP for items you do not know.

Fund:  _____

Functional Area: _____

Funds Center: _____

 WBS Element: _____

Business Area: _____

GL Account:  _____

This award is a (mark only one):

___ Scholarship

___ Grant

___ Loan

___ Other (specify) _____

The recipient is selected by (mark only one):

___ College



___ State Entity

___ Department

___ Private Entity

___ Federal Entity

___ Other (specify) _____

STUDENT ID NO.	NAME (last, first, middle init.) 	SPECIAL 	AMOUNT	DATE (SFA ONLY)	
_____	_____	_____	_____	_____	1
_____	_____	_____	_____	_____	2
_____	_____	_____	_____	_____	3
_____	_____	_____	_____	_____	4
_____	_____	_____	_____	_____	5
_____	_____	_____	_____	_____	6
_____	_____	_____	_____	_____	7
_____	_____	_____	_____	_____	8
_____	_____	_____	_____	_____	9
_____	_____	_____	_____	_____	10

Please email to: SAG@uky.edu or bring to Student Financial Aid Office 128 Funkhouser Building

PAGE TOTAL _____

TOTAL STUDENTS _____

GRAND TOTAL _____

SAG CONTINUATION FORM

SFA OFFICE USE ONLY

AID CODE

STUDENT ID NO.	NAME (last, first, middle init.)	SPECIAL	AMOUNT	DATE (SFA Only)
_____	_____	_____	_____	11
_____	_____	_____	_____	12
_____	_____	_____	_____	13
_____	_____	_____	_____	14
_____	_____	_____	_____	15
_____	_____	_____	_____	16
_____	_____	_____	_____	17
_____	_____	_____	_____	18
_____	_____	_____	_____	19
_____	_____	_____	_____	20
_____	_____	_____	_____	21
_____	_____	_____	_____	22
_____	_____	_____	_____	23
_____	_____	_____	_____	24
_____	_____	_____	_____	25
_____	_____	_____	_____	26
_____	_____	_____	_____	27
_____	_____	_____	_____	28
_____	_____	_____	_____	29
_____	_____	_____	_____	30
_____	_____	_____	_____	31
_____	_____	_____	_____	32
_____	_____	_____	_____	33
_____	_____	_____	_____	34
_____	_____	_____	_____	35
_____	_____	_____	_____	36
_____	_____	_____	_____	37
_____	_____	_____	_____	38
_____	_____	_____	_____	39
_____	_____	_____	_____	40
_____	_____	_____	_____	41
_____	_____	_____	_____	42
_____	_____	_____	_____	43
_____	_____	_____	_____	44
_____	_____	_____	_____	45
_____	_____	_____	_____	46
_____	_____	_____	_____	47
_____	_____	_____	_____	48
_____	_____	_____	_____	49
_____	_____	_____	_____	50

PAGE TOTAL
GRAND TOTAL

TOTAL STUDENTS
