

SOUTH CAROLINA STATE UNIVERSITY
OFFICE OF FINANCIAL AID
CAMPUS BOX 7386, ORANGEBURG, SC 29117
SCHOLARSHIP REQUISITION

DATE _____ PAGE _____ of _____

ORIGINATOR: _____ INITIAL _____
SCHOLARSHIP: _____ INCREASE _____ DECREASE _____
ACADEMIC YEAR: _____ FUND #: _____ ACCOUNT #: _____
TERM (if one sem.): _____ INDEX #: _____
DEPARTMENT: _____ DETAIL CODE: _____
TELEPHONE #: _____ DETAIL CODE *ABATEMENT*: _____

	STUDENT ID	STUDENT'S NAME	SCHOLARSHIP AMOUNT	ABATEMENT AMOUNT	FINANCIAL AID <i>use only</i>
<u>1</u>					
<u>2</u>					
<u>3</u>					
<u>4</u>					
<u>5</u>					
<u>6</u>					
<u>7</u>					
<u>8</u>					
<u>9</u>					
<u>10</u>					
Total (Please calculate amounts)			\$	\$	

REQUESTOR: _____
Name and Signature

Approved: _____
Budget Director (Lowman Hall – 123)

APPROVED: _____
Chairperson

Approved: _____
VP for Finance (Lowman Hall – 126)

APPROVED: _____
Dean or Director

A/P Date Entered _____

APPROVED: _____
VP/AVP/Athletic Director