

# Scholarship/Award/Prize/Loan Agreement *Change Form*

San Francisco State University  
Office of Student Financial Aid

This change form is used to make minor changes to the scholarship agreement on file and will update AcademicWorks.

**Instructions:**

1. **All changes must be submitted** to the Office of Student Financial Aid **before** you begin the scholarship application process.
2. The “**Scholarship Description**” in AcademicWorks can **ONLY** be **updated** by the Financial Aid office.
3. **Complete a new Scholarship Agreement for all other changes not listed on this form.**

**Part I. Scholarship Information** (required)

Name of scholarship/award/prize/loan(s) (may attach a separate sheet to list scholarships): \_\_\_\_\_

\_\_\_\_\_

Check this box if this is a scholarship name change.

**Account Location and Fund number** (may attach a separate sheet to list fund numbers):

University Corporation, Fund # \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

University Fiscal Affairs, Fund # \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_, \_\_\_\_\_

**Check the box(s) and complete only the item(s) you are updating**

**Part II. Contact Information**

**Project Director** \_\_\_\_\_ Extension \_\_\_\_\_

Title \_\_\_\_\_ College/Office/Dept. \_\_\_\_\_

E-Mail Address \_\_\_\_\_

**College/Office/Dept. Contact** \_\_\_\_\_ Extension \_\_\_\_\_

Title \_\_\_\_\_ College/Office/Dept. \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Fax # \_\_\_\_\_ Campus Address \_\_\_\_\_

**Contact for student inquiries:** (use general office contact information)

College/Department/Office \_\_\_\_\_ Campus Address \_\_\_\_\_

E-Mail Address \_\_\_\_\_ Phone number \_\_\_\_\_

**Academic Works Opportunity Administrator(s)** (AW OA) who will be given AW access to manage the scholarship process on-line. If assigning more than 3 AW OAs, please attach a separate sheet listing the information below. *If granting “View Only” access, check the view only box.* **List everyone who should be granted access.**

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Name & SF State ID \_\_\_\_\_ E-Mail \_\_\_\_\_  
View Only

Name & SF State ID \_\_\_\_\_ E-Mail \_\_\_\_\_  
View Only

Name & SF State ID \_\_\_\_\_ E-Mail \_\_\_\_\_  
View Only

**Part III. Eligibility/Disbursement Information**

**Change Enrollment Requirement to include *graduating seniors*** who have a specific number of units to complete in order to graduate. Graduating seniors receiving a scholarship the semester they are graduating are not held to the enrollment requirement. You must note on the Scholarship Award Request the students who are “graduating seniors”.  
If applicable, specify the minimum enrollment requirement to receive the scholarship award for graduating seniors \_\_\_\_\_.

**Change Enrollment Requirement to include *graduate students working on thesis/final project/taking exam***. Graduate students receiving a scholarship the semester they are working on thesis/final project/exam are not held to the enrollment requirement. You must note on the Scholarship Award Request the graduate students who are “working on thesis/final project/exam”. **Financial aid cannot disburse scholarships to students who are not enrolled in any units.**  
If applicable, specify the minimum enrollment requirement to receive the scholarship award for graduate students working on thesis/final project/exam \_\_\_\_\_.

**Amount of Award:** amount varies amount equivalent to tuition fees  
amount up to \$\_\_\_\_\_ \$\_\_\_\_\_ (state specific amount)

**Number of Awards:** one two up to \_\_\_\_\_ varies other \_\_\_\_\_

**Timetable for Award Distribution\*:** Fall Spring Fall and/or Spring Summer  
Academic year award (award split half for Fall/Spring)  
varies (Fall and/or Spring and/or Summer)

**Distribute the scholarship at the beginning of a semester to facilitate students’ timely receipt of funds for their academic semester** (e.g., application process in one semester and distribute award funds at the beginning of the following semester).

**I authorize the changes to the Scholarship Agreement on file with the Office of Student Financial Aid and AcademicWorks.**

\_\_\_\_\_  
Project Director Signature

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Phone number

\_\_\_\_\_  
Email