

The University of New Mexico  
**Scholarship Office**  
**Departmental Award Form**

To: Unrestricted Accounting - Main MSC01 1260 Date: \_\_\_\_\_ Page \_\_\_\_\_ of \_\_\_\_\_  
 After approval, the core accounting office will forward the form to the Financial Aid Office for awarding.

From: \_\_\_\_\_  
 Name/Title Department Address Telephone

Account Name: \_\_\_\_\_ Banner Index #: \_\_\_\_\_ Academic Year: \_\_\_\_\_  
 Please list only one account name and banner index per page

Recipient	Banner ID	Total \$ Amt	Dollar \$ Award Amt Per Semester			Grad/Ugrad
			Fall	Spring	Summer	

Approved to release funds on (enrollment status)?  Zero (0) Hours  Less than 1/2 time  1/2 time  3/4 time  Full-time

Does this award represent monthly payment?  No  Yes If Yes, what month(s)/amount(s)? \_\_\_\_\_

Any of the above students UNM staff/faculty?  No  Yes If Yes, which student(s)? \_\_\_\_\_

**Important:** If anything remains incomplete or ambiguous, this award form will be returned to the department. All foreign national student awards must be completed on the International Student Departmental Award Form.

I have certified the awards and students listed above meet or exceed the restrictions imposed by the donor(s) of these scholarship funds at the time of the award and that none of the above named are foreign nationals. I also certify that the above awards do not constitute payment for work performed or other payroll related payments.	
Signature, Preparer	Date
Signature, Department Chair	Date

If applicable, I have certified taxation issues related to foreign student awards have been reviewed and appropriate action has been taken.	
Signature, Unrestricted Accounting-Main (Taxation)	Date
Signature, Core Accounting Approval	Date