# 2009-10 BLOCK GRANT AND SPECIAL SCHOLARSHIP RECOMMENDATION FORM

(Use the **GRADUATE SCHOLARSHIP FORM** for Departmental Support from **NON-BLOCK GRANT** funds)

**Please limit appointments to 7/1/09 thru 6/30/10.** Mail forms to your department's Graduate Fellowship Contact in OGS, M/C 0003.

**Form prepared by/ ext:** _____

**Date:** _____ **New** ☐ **Revised** ☐ **Home Dept:** _____ **Funding Dept:** _____

| Last Name | First Name | PID # |
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**New** ☐ **or Continuing** ☐

**Cal. Resident** ☐ **or Nonresident** ☐

**U.S. Citizen** ☐ **or Perm. Resident** ☐

**or * International** ☐

**or **Resident Alien** ☐ **Visa:**

*** International Student Stipends are paid through payroll (PPS); departments will enter payroll information.**

**** Resident Aliens ("R") for tax-witholding purposes are paid through SAM; to verify "R" status, see EALN screen in PPS.**

| STIPEND (FUNDED BY BG) | | Begin Date | End Date | Monthly payment | Total |
|---|---|---|---|---|---|
| **Regents Fellowship** ☐ (for the most outstanding students) | _____ Code-OGS use | _____ | _____ | $ _____ | $ _____ |
| **Research Fellowship** ☐ | _____ Code-OGS use | _____ | _____ | $ _____ | $ _____ |
| **Supplemental/Stipend** ☐ | _____ Code-OGS use | _____ | _____ | $ _____ | $ _____ |

| SALARY or GSRTF (FUNDED BY BG) | | Begin Date | End Date | Monthly payment | Total |
|---|---|---|---|---|---|
| **Grad. Student Researcher/Salary** | _____ Code-OGS use | _____ | _____ | $ _____ | $ _____ % _____ |
| **GSRTF** Avg. Rate (25% - 49.9% GSR) | _____ Code-OGS use | _____ | _____ | $ _____ | $ _____ |

| TUITION/FEES (FUNDED BY BG) | | Fall 09 | Winter 10 | Spring 10 | Total |
|---|---|---|---|---|---|
| **Tuition Scholarship (BG)** | _____ Code-OGS use | $ _____ | $ _____ | $ _____ | $ _____ |
| **Fee Scholarship (BG)** | _____ Code-OGS use | $ _____ | $ _____ | $ _____ | $ _____ |
| ***Special Fee Scholarship** | _____ Code-OGS use | $ _____ | $ _____ | $ _____ | $ _____ |

***Comments/Nomination Information:** _____

| FEES FROM OTHER NON-BLOCK GRANT AWARDS | Fall 09 | Winter 10 | Spring 10 | TOTAL |
|---|---|---|---|---|
| **ICFG** (Normative Time) **Expiration qtr.** _____ (Required if student is Advanced) | $ _____ | $ _____ | $ _____ | $ _____ |
| **TAFE** (TA - Partial fee) | $ _____ | $ _____ | $ _____ | $ _____ |
| **TAHI** (TA Health Insurance) | $ _____ | $ _____ | $ _____ | $ _____ |
| **OOSW** (Off-Campus Study Waiver) | $ _____ | $ _____ | $ _____ | $ _____ |

_____ _____

(Signature of Department or Group Chair/Graduate Advisor) Date

**For OGS use only:** APPT Letter Ordered ☐ Date: _____ Initials: _____