

# 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: _____	
Home Dept: _____	Funding Dept: _____

Date: \_\_\_\_\_      New       Revised

Nominee: \_\_\_\_\_      Degree Aim: \_\_\_\_\_      PID# \_\_\_\_\_  
Last Name      First Name      M.I.

Student: New  or Continuing       AND      Cal. Resident  or Nonresident

U.S. Citizen  or Permanent Resident  or \*International  or \*\*Resident Alien       Visa type: \_\_\_\_\_

\* International student stipends are paid through payroll (PPS); departments will enter payroll information.  
 \*\* Resident Aliens ("R") for tax-withholding 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/Stipend <small>(for the most outstanding students)</small>	_____	_____	\$ _____	\$ _____
<small>Code-OGS use</small>				
Research Fellowship/Stipend	_____	_____	\$ _____	\$ _____
<small>Code-OGS use</small>				
Supplemental/Stipend	_____	_____	\$ _____	\$ _____
<small>Code-OGS use</small>				

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

TUITION/FEES	Fall 09	Winter 10	Spring 10	Total
Tuition Scholarship (BG)	\$ _____	\$ _____	\$ _____	\$ _____
<small>Code-OGS use</small>				
Fee Scholarship (BG)	\$ _____	\$ _____	\$ _____	\$ _____
<small>Code-OGS use</small>				
*Special Fee Scholarship	\$ _____	\$ _____	\$ _____	\$ _____
<small>Code-OGS use</small>				

\*Comments/Nomination Information: \_\_\_\_\_

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

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