THE SAN FRANCISCO STATE UNIVERSITY
STIPEND APPOINTMENT FORM

I. TRAINEE'S NAME _____
Last, First, Middle Initial – Please Print)

LOCAL ADDRESS _____
(Street Number & Name   City   State   Zip)

TRAINEE'S SOCIAL SECURITY NO. _____

TEL # _____   ACCT # _____   FUND # __SG001__   DEPT # _____

ADMIN. A/C # _____   PROG # _____   CLASS # _____   PROJ # _____

II. STATEMENT OF TRAINEE:

Degree Being Sought: _____   Date Degree Expected: _____

Major Field: _____

Education (Circle Highest Attended):   High School   1   2   3   4

College   1   2   3   4

Post Bac.   1   2   3   4;   Degree(s) Earned: _____

Receiving salary or other financial support from SFSU or
SFSUI during current academic period: Yes _____   No _____

If Yes, give details including type, source, and dates: _____

_____

Stipend Received Prior Years: Yes _____   No _____   Years _____

U.S. Citizen   Yes _____   No _____

No. of Units Currently Enrolled: _____

    I certify that I am aware that this award may impose restrictions on my receipt of other
financial benefit from Foundation, University, or U.S. Government funds and I will immediately
notify the Project Director of any change in the information stated herein.

SIGNATURE OF TRAINEE: _____   DATE _____

III. STATEMENT OF PROJECT DIRECTOR

Will the Trainee be required to perform services for this financial support?
Yes _____   No _____

If Yes, briefly describe services: _____

_____

Are these services an academic requirement?   Yes _____   No _____

Trainee has _____ years of relevant work experience.

PERIOD OF AWARD _____ to _____	
Mo. Yr. Mo. Yr.	
GRAND TOTAL, STIPEND AWARD	$ _____
AMOUNT OF EACH PAYMENT	$ _____

This Trainee is qualified for the proposed training, is eligible to receive the financial support, and
the amount of the award as stated herein conforms with sponsor guidelines. I shall forward to the
University any information which might affect continued eligibility for this support, as well as copies
of any relevant documents required by the project sponsor. I shall also inform the SFSU Financial
Aid Office of this appointment.

PROJECT DIRECTOR NAME (printed): _____

SIGNATURE: _____   DATE _____

SFSU FINANCIAL AID OFFICE _____   DATE _____

**IV. TO BE COMPLETED BY
PROJECT DIRECTOR**

PAYMENTS ARE DUE ON THE
FOLLOWING DATES:

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____
7. _____
8. _____
9. _____
10. _____
11. _____
12. _____

INSTRUCTIONS FOR COMPLETING STIPEND APOINTMENT FORM

This form can only be used to pay students who are granted an award, tuition remission, and research funding. You can't use this form to pay student/s who will be performing services for the grant or in exchange of the award.

This form must be typed or legibly written in ink.

Section #1: Information about the Payee/Trainee:

Enter the trainee's (payee's) name, complete address and social security number.

Enter your project account # on the grant ID# line. **No payment will be processed without an account number**. Contact your Project Director for the project account number.

Section II: Statement of Trainee:

This section is self-explanatory, but needs to be completed thoroughly.

Section III: Statement of the Project Director:

Q1: Will the trainee be required to perform services for this financial report? If you answer **YES**, you cannot use this form. Contact ORSP (Office of Research and Sponsored Programs) for procedures in hiring student/s.

Q3: Are these services an academic requirement? If you answer **NO** to this question, you cannot use this form. Stipend appointments are always academic requirements.

Period of Award: This is the period of time the trainee/payee will receive payment/s.

Grant Total Stipend Award: Total financial support in dollars.
Amount of Each Payment: Enter the amount for each scheduled payment for the trainee/payee.

Project Director Name & Signature: **VERY IMPORTANT!** This document is not valid without the Project Director's name and signature.

Section IV: Payment Schedule:

You may indicate the months the trainee/payee would be paid. You have to submit separate stipend appointment forms for each semester. Academic Year appointments include: Fall Semester (September-January), Spring Semester (February-May), Summer (June-August). For prompt processing, we suggest that you schedule payments on the 15th or the last day (30th or 31st) of each month.

This form has to be routed to the Financial Aid Office, who will make an analysis of the student's eligibility and financial aid status before approving and submitting to the Accounts Payable for payment. To prevent unnecessary delay, you must submit this form to ORSP at least one month before the scheduled payment dates.

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