## THE SAN FRANCISCO STATE UNIVERSITY NON-CSU PARTICIPANT STIPEND APPOINTMENT FORM

I. PARTICIPANT DATA	
PARTICIPANT'S NAME:  Last, First, Middle Initial – Please Print)	ACCOUNTING HOE ONLY
Last, First, Middle Initial – Please Print)  LOCAL ADDRESS:  (Street Number & Name City State Zip)	ACCOUNTING USE ONLY APPROVED FOR ENCUMBERANCE & ALLOWANCE
TELEPHONE NO.	BY:
PARTICIPANTIC COCIAL OF CURITY AND	DATE:
PARTICIPANT'S SOCIAL SECURITY NO.:	
PARTICIPANT'S SIGNATURE: DATE	
II. STATEMENT OF PROJECT DIRECTOR:	ACCOUNTS PAYABLE PROCESSING
ACCT# FUND# DEPT#	BY:
PROG# CLASS# PROJ#	DATE:
Will the Participant be required to perform services for this financial support?	DUE DATE:
Yes No	CHECK#
If Yes, briefly describe services:	
Does the activity relate to the Participant's educational goals?  Yes No  If Yes, please describe relationship:	CHECK PICK-UP PLEASE CONTACT
This Participant is qualified to receive the financial support and will receive educational benefits from this activity. The amount of the award as stated herein conforms with sponsor guidelines and project budget.	
III. TO BE COMPLETED BY PROJECT DIRECTOR	
PERIOD OF AWARD         to         Mo.         Yr.         Mo.           GRAND TOTAL, STIPEND AWARD         \$         AMOUNT OF EACH PAYMENT         \$	Yr.
L	
PAYMENTS ARE DUE ON THE FOLLOWING DATES:  1 7	
2 8 3 9.	
4 10	
5 11	
6 12.	
DDO IECT DIDECTOR NAME (original):	
PROJECT DIRECTOR SIGNATURE:	DATE
PROJECT DIRECTOR SIGNATURE:	DATE