REQUEST TO ESTABLISH ENDOWED SCHOLARSHIP   **AS509**

(Excluding LSU Foundation)

Name of Scholarship	
Cost Center Hierarchy	
Cost Center	
Student Classification	Major
Required GPA	
Number of Semesters/Years Student can receive Scholarship	Full-time status required? Yes No
Awarded	Fall Spring Summer Full Year
Other Requirements	

Note: Documentation of scholarship criteria and other donor restrictions must be attached to this form.

Approved by

_____   _____   _____
Department Head   Printed Name   Date

_____   _____   _____
Dean   Printed Name   Date

Routing Cash Awards processed through SAE: Dept → Dean → Financial Accounting & Reporting → Student Aid → Bursar Operations

Routing Fee Exemptions: Dept → Dean → Financial Accounting & Reporting → Records & Registration → Bursar Operations → Student Aid

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FOR ACCOUNTING SERVICES USE ONLY

Legacy Account # (Acct Svcs) _____   Workday ID _____

TRX Code (OBO)   _____

Rev 06/16