

# CENTER FOR SCHOLARSHIP INFORMATION

## SCHOLARSHIP OPPORTUNITY CHANGE FORM



### PORTFOLIO INFORMATION

Scholarship Name:				
Fund #:		Dept. ID #:		Program #:
Donor				
College:				
Department:				

### SCHOLARSHIP OPPORTUNITY CHANGES

Please complete only the appropriate fields that need to be changed in *BeachScholarships*. Changes to or inactivating a scholarship opportunity requires a signature from a Level 4 Administrator.

Scholarship Name:				
System Name (30 characters)				
Fund #:		Dept. ID #:		Program #:
Donor				
College:				
Department:				
Description:				
Criteria:				
Selection Process:				
Post Acceptance: (select all the apply)	Thank you letter (pick one): <input type="checkbox"/> Recognition Event <input type="checkbox"/> Upload <input type="checkbox"/> In system letter <input type="checkbox"/> Photo <input type="checkbox"/> Other _____ <input type="checkbox"/> Photo			

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**INACTIVATE FUND**

Please explain the reason for inactivating this scholarship opportunity.

### CERTIFICATION SIGNATURE OF SCHOLARSHIP OPPORTUNITY CHANGES

By signing below, I certify:

- The information listed on this form, along with any supporting documentation, is accurate, complete and adheres to the intent of the donors or awarding agency
- The award is to further the education and experience of the recipient and is not compensation, salary, or wages for services rendered
- The selection process is accurately described and adequate controls are in place to ensure a transparent process, avoiding potential conflicts of interest and adhering to the coded memo

**Level 4 Administrator** (Associate Deans, Department Chairs, Directors, ASMs, Managers)

\_\_\_\_\_  
Print Name

\_\_\_\_\_  
Title

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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**AWARD INFORMATION CHANGE**

Please complete only the appropriate fields that need to be changed in BeachScholarships. Changes to award information require a signature from a Level 3 Administrator.

<b>Total Awards:</b>	
<b>Maximum Award Amount:</b>	
<b>Minimum Award Amount:</b>	
<b>Visible Award Amount:</b>	
<b>Payment Restrictions:</b>	<input type="checkbox"/> Tuition <input type="checkbox"/> Fees <input type="checkbox"/> Books & Supplies <input type="checkbox"/> Min. GPA _____ <input type="checkbox"/> Min. Enrollment _____ <input type="checkbox"/> Other _____ <input type="checkbox"/> Not Applicable
<b>Payment Schedule:</b>	<input type="checkbox"/> Fall only <input type="checkbox"/> Spring only <input type="checkbox"/> Summer only <input type="checkbox"/> Fall & Spring <input type="checkbox"/> Other _____
<b>Awarding Entity:</b>	<input type="checkbox"/> LB49R <input type="checkbox"/> Associated Students <input type="checkbox"/> CSULB Foundation <input type="checkbox"/> Institutional <input type="checkbox"/> Research Foundation <input type="checkbox"/> Other _____
<b>Award Source:</b>	<input type="checkbox"/> Athletics <input type="checkbox"/> Campus Programs <input type="checkbox"/> CSU Funded <input type="checkbox"/> Endowed Fund Distribution <input type="checkbox"/> Campus Auxiliaries <input type="checkbox"/> Gifts and Donations <input type="checkbox"/> Grants and Contracts <input type="checkbox"/> Other _____

### CERTIFICATION SIGNATURE OF FINANCIAL & AUTHORITY CHANGE

**Level 3 Administrator (Dean, Associate or Assistant Vice President)**

Changes to financial information must be certified by a Level 3 Administrator

_____	_____
Print Name	Title
_____	_____
Signature	Date

For CSI Use <u>ONLY</u> :	
Processed by: _____	Date: _____