

FINANCIAL AID AWARD TRANSMITTAL



Click yellow sticky note above to view form instructions.

○ Clear Form

STUDENT ID: _____ NAME (LAST, FIRST): _____

MAILING ADDRESS: _____

Check if CA Resident: Citizenship Status: Visa Type: _____ Award Period: _____ - _____
MM DD YY MM DD YY

AWARDS USING PAY CODES 0 - 7 FAU must be established within the University's Financial System (confirm with your department's fund manager). Account must begin with a "77" or "79"

Trans Cd (B/C)	Awd Period	AID ID	Pay Code	Total Amount	ACCT-CC-FUND-SUB-OBJ-SOURCE	NRT	NAME OF AWARD	COMMENTS
80								
80								
80								
80								

AWARDS USING PAY CODES 8 - 9 FAU must be established within the University's Financial System (confirm with your department's fund manager). Account must begin with a "77" or "79"

Trans Cd (B/C)	Awd Period	AID ID	Pay Code	Total Amount	ACCT-CC-FUND-SUB-OBJ-SOURCE	NRT	NAME OF AWARD	COMMENTS
81B								
82B				(1)	(2)	(3)	(4)	(5)
83B				(7)	(8)	(9)		(6)

Form Completed By: _____ Email Address: _____ Phone: _____

Campus Department: _____ Dept FS Code: _____ Date:

The purpose of this award is to further the education of the [enrolled UCLA] undergraduate student. This award is not compensation, salary or wages for services rendered. For information on tax liability, the recipient is advised to contact the Internal Revenue Service or a tax consultant.

NOTE: The award above may impact the recipient's existing financial aid programs. Please advise the student to consult the Financial Aid Office for more detailed information.

AWARD AND FUND SOURCE APPROVAL DATE

FINANCIAL AID USE ONLY DATE