Print Form

Louisiana State University
Office of Accounting Services
Financial Accounting & Reporting
204 Thomas Boyd Hall

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