



SALT LAKE COMMUNITY COLLEGE GRANT STIPEND AWARD PAYMENT REQUEST FORM

[Form Instructions](#)

SECTION I - RECIPIENT INFORMATION

Payee Name:	SID -or- Last 4 digits of SOC. SEC. Number
Is this payment contingent upon the payee performing any kind of service to the College? Yes <input type="checkbox"/> No <input type="checkbox"/> (If Yes, submit through Payroll using "One Time Payment" form.)	Is recipient a nonresident alien? Yes <input type="checkbox"/> No <input type="checkbox"/> If Yes, country of residence: _____ If Yes, has nonresident completed registration with Controller's Office? Yes <input type="checkbox"/> No <input type="checkbox"/>
Is this payment for a currently enrolled, matriculated SLCC student? Yes <input type="checkbox"/> No <input type="checkbox"/> (If Yes, then this may be required to pay via the Scholarship Administration System, see instructions.)	Is the recipient paid salary or wages on an award from which this payment is to be made? Yes <input type="checkbox"/> No <input type="checkbox"/> (If 'Yes' and funding is 'Participant Support Costs', then recipient cannot be paid a stipend)
Is this payment for a current SLCC employee? Yes <input type="checkbox"/> No <input type="checkbox"/> (If yes, and if the payment is conditioned on employee status, then this may be required to pay via the Payroll system).	
Department Name and Department Contact Person:	

SECTION II - PAYMENT EXPLANATION

Provide a brief explanation of what this payment is for. See [instructions](#) for example explanations. Include why payment qualifies as a stipend (scholarship, fellowship or traineeship). - For department funded stipends (scholarships and fellowships), also attach the award letter.

Important Payment Notes: See the [Educational Payment Decision Document](#) and specific [instructions](#) for this form. When only two payments are required, submit two separate requests in [SLCCBuy](#), using the **Invoice Date in Section III** to set the desired date of payment processing.

SECTION III - PAYMENT INFORMATION

Initial Payment Date (Invoice Date):		Final Payment Date:	
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INDEX	INDEX TITLE	ACCOUNT
		72525
Initial (1st) Payment:>	Amount: <input style="width: 80px;" type="text"/>
Final (2nd) Payment:>	Amount: <input style="width: 80px;" type="text"/>
Award Total:		<input style="width: 80px;" type="text"/>

ENTER PAYEE CURRENT MAILING ADDRESS BELOW

PAYEE'S SIGNATURE

1st Pmt Total:		+	Final Pmt Total:		=	Grand Total:	
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SECTION IV - ATTESTATION

Authorized Signers: A Budget Center Manager (BCM) (or authorized designee) with the responsibility to approve and commit College funds must review and sign this form.

According to [IRS Topic No 421](#), a scholarship is generally an amount paid or allowed to a student at an educational institution for the purpose of study. A fellowship grant is generally an amount paid or allowed to an individual for the purpose of study or research. Some fellowships/traineeships are qualified (non-taxable) while others are non-qualified (taxable). Any taxes or reporting requirements associated with a fellowship/traineeship grant are the responsibility of the recipient. I attest that this payment meets the definition of a scholarship, fellowship or traineeship and that the recipient has been notified that the university will not report to the IRS qualified, non-qualified scholarship, fellowship or traineeship payments made to U.S. citizens or U.S. resident aliens, or withhold tax from these payments. In addition, my signature certifies that no services to the University, past, present, or future are required from this recipient.

Date:	Authorized Signatory (BCM) from above:	Print Signor's Name, SID, and Email Address
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