



## Scholarship/Fellowship Form for Period of Non-Enrollment

Send to Accounts Payable, MS 3C1  
Tel: 703.993.2580  
Fax: 703.993.2589  
Email: [apforms@gmu.edu](mailto:apforms@gmu.edu)

### Description

Scholarship/fellowship given to students in a term of non-enrollment (i.e. summer), for the pursuit of their studies and research. These awards are not considered compensation, and no work requirement may be attached to the offer of a scholarship/fellowship. Examples are: Summer Dissertation Competition Scholarships, Summer Graduate Travel Fund, Summer Undergraduate Student Research Scholarship (OSCAR), etc.

Prepare a form for each award recipient. Supply the 1) name of the scholarship or fellowship, 2) the fund or organization, 3) and account to be charged. Accounts codes applicable for this type of request are 78520 – Graduate Scholarship/Fellowship or 78570 - Undergraduate Scholarship. Send original to Accounts Payable, MS 3C1. Keep a copy for department records.

### Payee Information:

Name:

G Number:

Address

City  State  Zip Code

Return check to department, MS

Date Submitted:

### Check One:

- ☐ U.S. citizen/lawful permanent resident  
☐ Nonimmigrant visa holder and scholarship activities conducted in the U.S.

Visa Status:

(Send form to [intlacct@gmu.edu](mailto:intlacct@gmu.edu))

- ☐ Non-U.S. citizen OR nonimmigrant visa holder and scholarship activities conducted outside the U.S.

Please ask recipient to complete [Educational Activities Statement](#). Send this form and signed Statement to [intlacct@gmu.edu](mailto:intlacct@gmu.edu)

### Scholarship/Fellowship Information

Name: (of S/F)

Amount:

Awarding Dept:

Fund or Org:  Account:

Point of Contact:

Email:

Phone:

Fax:

### Approval

I certify that the above requested scholarship or fellowship payment is a grant awarded to aid the recipient in the pursuit of his/her studies or research.

**This payment does not include compensation for services for the benefit of George Mason University.** The department is responsible for any university tax liability associated with a payment that is determined to be a payment for services.

Signature of Requestor Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date:

Signature of Approving Official Printed Name: \_\_\_\_\_ Title: \_\_\_\_\_ Date:   
for Fund/Org

### International Tax/AP Office Use Only:

Tax Withholding:

Approved By:

Date:

Net Amount to Payee:

Deposit Taxes withheld to 84114-25113

Notes: