Use this form if you would like to request a new Aid ID for a financial aid program. If you have any questions, please contact Bonnie Lack at black1@andrew.cmu.edu, Elaine Taillon at et0v@andrew.cmu.edu, or Dina Urda at dn11@andrew.cmu.edu.

**FINANCIAL AID ID CREATION INFORMATION**

Requester Organization/Dept: ________________________________ Phone: ______________________
Requester (Print): ________________________________ E-mail: ______________________
Requester Signature: ________________________________ Date: ______________________

Aid Fund Description (Aid ID Name): ______________________________________________

YOU ARE REQUIRED TO ATTACH ALL OF THE FUND DOCUMENTATION, WHICH SHOULD SUPPORT YOUR SELECTIONS BELOW.

Object Code: 
- [ ] 75100 - Undergraduate Scholarship
- [ ] 75102 - Graduate Scholarship/Fellowship
- [ ] 75102 - Graduate Prize
- [ ] 75200 - Undergraduate Prize
- [ ] 75202 - Graduate Prize
- [ ] Other: ______________________

<table>
<thead>
<tr>
<th>Funding Source</th>
<th>Function</th>
<th>Activity</th>
<th>Organization</th>
<th>Entity</th>
</tr>
</thead>
<tbody>
<tr>
<td>1 Source:</td>
<td>□ Institutional □ Non-Institutional</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>2 Type:</td>
<td>□ Gift □ Loan □ Resource □ Work</td>
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<tr>
<td>Class:</td>
<td>□ Undergraduate □ Graduate □ Both</td>
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<tr>
<td>Need:</td>
<td>□ Merit □ Need based □ Non-need based</td>
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<tr>
<td>Designation:</td>
<td>□ Restricted □ Endowed □ Federal □ Internal □ State □ E&amp;GO □ 3rd Party □ Outside</td>
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<tr>
<td>Credit to Student’s Account:</td>
<td>□ Yes □ No</td>
<td></td>
<td></td>
<td></td>
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<tr>
<td>Who Selects the Recipients:</td>
<td>□ Institutional □ Donor or External Agency</td>
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<td></td>
<td></td>
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</table>

**STUDENT FINANCIAL AID OFFICE USE ONLY**

Offer Max: __________________________
Currency: __________________________

Aid ID __________________________
Aid Year 000000
Center # __________________________
Sort Order __________________________

Commodity Code __________________________
SAO __________________________
Date __________________________

**REQUIRED SIGNATURES**

Asst. Director of Student Financial Aid - BL __________________________ Date ______________________

Assoc. Director of Student Financial Aid - ET __________________________ Date ______________________

Linda Anderson, Director of Student Financial Aid __________________________ Date ______________________

PLEASE ALLOW 7 BUSINESS DAYS FOR PROCESSING.

1 For appropriate selections, consult FMP Appendix B - Funding Sources at: https://www.cmu.edu/finance/systems/documentation/reference.html
2 For Fellowships/Scholarships/Grants, always select Gift.