

Carnegie Mellon ENROLLMENT SERVICES

Enrollment Services - The HUB

Lower Level, Warner Hall
5000 Forbes Avenue
Pittsburgh, PA 15213-3890
Phone: 412-268-8186
Fax: 412-268-8084
Email: thehub@andrew.cmu.edu
http://www.cmu.edu/hub

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.

Request/Approval for New Financial Aid ID

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 75200 - Undergraduate Prize
 75102 - Graduate Scholarship/Fellowship 75202 - Graduate Prize Other: _____

	Funding Source	Function	Activity	Organization	Entity			
² Source:	<input type="checkbox"/> Institutional	<input type="checkbox"/> Non-Institutional			¹			
³ Type:	<input type="checkbox"/> Gift	<input type="checkbox"/> Loan	<input type="checkbox"/> Resource	<input type="checkbox"/> Work				
Class:	<input type="checkbox"/> Undergraduate	<input type="checkbox"/> Graduate	<input type="checkbox"/> Both					
Need:	<input type="checkbox"/> Merit	<input type="checkbox"/> Need based	<input type="checkbox"/> Non-need based					
² Designation:	<input type="checkbox"/> Restricted	<input type="checkbox"/> Endowed	<input type="checkbox"/> Federal	<input type="checkbox"/> Internal	<input type="checkbox"/> State	<input type="checkbox"/> E&GO	<input type="checkbox"/> 3rd Party	<input type="checkbox"/> Outside
Credit to Student's Account:	<input type="checkbox"/> Yes	<input type="checkbox"/> No						
Who Selects the Recipients:	<input type="checkbox"/> Institutional	<input type="checkbox"/> Donor or External Agency						

ENROLLMENT SERVICES USE ONLY

Offer Max: _____ Renew (circle one): Max Prior Blank

Currency: _____ Cross Validation Completed:

Aid ID Aid Year Center # Sort Order Commodity Code

REQUIRED SIGNATURES

Asst. Director of Enrollment Services - BL Date _____

Assoc. Director of Enrollment Services - ET Date _____

Linda Anderson, Director of Student Financial Services Date _____

PLEASE ALLOW 7 BUSINESS DAYS FOR PROCESSING.

¹ If entity is anything except 01 and 95, please complete a Commodity Code Request Form.

² For appropriate selections, consult FMP Appendix B - Funding Sources at: https://www.as.cmu.edu/~fmp/documentation/ref_materials.htm.

³ For Fellowships/Scholarships/Grants, always select Gift.