



PAYMENT REQUEST FORM FOR STUDENT AID RECIPIENTS

Not for services rendered

UNIVERSITY of HAWAII*
FOUNDATION

*Allow two weeks for processing**

PAYMENT INFORMATION

Academic Year: _____ Total Award \$ _____ Scholarship Fellowship* Grant
 Award Reimbursement

*Please indicate below if for cost of attendance (e.g. tuition, books, fees, etc.) or research related costs toward degree. For costs of attendance, payment is paid through student Banner account. For research, UHF will process a check to student.

Payment: Year (split payment; Fall & Spring) Fall Only Spring Only Summer Only

APPLICANT INFORMATION

Name: _____
Last First M.I. Mr/Mrs/Ms

Address: _____ UH Student Banner ID: _____

_____ (If Non-UH Student, please send SSN through ShareFile Link)

_____ Country: _____ Phone #: (____) _____

E-mail address: _____ Primary UH Campus: _____

For non-scholarship payment only:

US citizen: Yes No

If no, please mail or use the ShareFile link to provide the following forms: UHF Form F008 Foreign National Information, WH-1, IRS Form W-8BEN Certificate of Foreign Status, copy of passport I.D. page, copy of visa, and copy of I-94 Arrival/Departure Record (front & back). **F-1** visa holders must include copy of I-20 Certificate of Eligibility for Nonimmigrant (front & back). **J-1** visa holders, include a copy of IAP-66.

Resident aliens not updated in the UH System: please send green card or official documents confirming your immigration status.

Mailing address for tax form: _____

Indicate if for Travel/Program Expenses/Award Type/Other Information: _____
