

**Office of Sponsored Programs**

1570 Baltimore Pike

Lincoln University, PA 19352

**484-365-7234** phone

**484-365-7691** fax

osp@lincoln.edu

**Student Grant Support Form**

**INSTRUCTIONS:** This form must be completed by semester or summer session of grant-funded activity. Submit the completed, signed form to OSP.

**SECTION 1: Student Information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| Student’s Last Name |  | First Name |  | Middle Initial |  |

|  |  |
| --- | --- |
| LU ID |  |

Student Status: ( Undergraduate

**SECTION 2: Principal Investigator Information**

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| PI’s Last Name |  | First Name |  | Middle Initial |  |

|  |  |  |  |
| --- | --- | --- | --- |
| Grant Sponsor |  | Grant Start  and End Dates |  |

Award Term (fill in the year, select only one academic session, use additional forms for more than one session):

|  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| (Fall of the year |  | ) | (Spring of the year |  | ) | Summer of the year |  | ) |

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| **Tuition Award** | | | **Stipend Award \*** | | |
| Continuation Course: ( Yes ( No) | | | Number of payments: | | |
| Charge to: | Account # | Credits | Charge to: | Account # | Amount |
| Grant |  |  | Grant |  |  |
| Grant Cost Share |  |  | Grant Cost Share |  |  |
| ORSP |  |  | \* Entering stipend information DOES NOT authorize payment. Please complete appropriate paperwork to pay the student. | | |

PI Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

OSP Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_