

FLORIDA ATLANTIC UNIVERSITY

EDUCATIONAL STIPEND PAYMENT REQUEST

Payee's Full Name		Department Name					
Payee's Z Number	Street Address	5	City	State	Zip Code		
Z							
Account Code:							
132971 Education	nal Stipend – Fed	leral Grants		#¤µ┤ઃ² ¤±. ;	& ³³² μ · -/μα±·¶		
132975 Education	nal Stipend – No	n Federal Grants	Other				
133500 Education	nal Stipend – All	Other Funds (No	on Grants)				
Index Des			escription		Amount		
*Please attach supporting				TOTAL			
I hereby certify that I hav	e reviewed the att	ached grid and that	t the payment being requ	ested is not for com	pensation for services.		
Preparer's Signature			Authorized Signatur	Authorized Signature			
Title			Title	Title			
Date			Date				
Extension			Extension	Extension			
Controller's Office use only Z Number	r	D	eviewed by		Date		
Z muilloei		Re	ATIONOU DY		Date		

STIPEND REQUEST GRID

Generally, if the primary purpose of the financial support is to further the education and training of the recipient in his or her individual capacity, it is a scholarship or fellowship grant. If, however, the purpose of the financial support provided is to primarily benefit the University (or other grantor), it is compensation for services. To assist in making this determination, departments should review the criteria listed in the chart below and answer all the questions to determine the appropriate classification of the financial support.

	(An "X" indicates classification for a "Yes" response.)	Scholarship/ Fellowship Grant	Compensation	
How closely is the job controlled?				
1.	Does the University tell the recipient where, when (e.g., planned time schedules), and how to work?		X	
2.	Does the University have the right to exercise control or supervision over the sequence of work performed?		X	
3.	Is the recipient only required to submit progress reports?	X		
Who de	etermines the activities to be performed by the recipient?			
4.	Does the recipient determine activities (e.g., choosing own subject to research) based on the terms of the scholarship or fellowship grant? (A faculty advisor may assist the recipient.)	Х		
5.	Does the University determine activities based on its needs (e.g., completing work on a University research grant or teaching a class?)		X	
Will benefits be obtained by the University or other grantor?				
6.	Will the University benefit from any activities (e.g., teaching, research)?		X	
7.	Will the University or other grantor benefit from the results of the activities (e.g., will the University or other grantor have the right to use the research results or own patents or copyrights)?		x	
8.	Would an employee have to perform any of the activities of the recipient if the financial support had not been awarded?		X	
9.	Is the financial support made in consideration of past services or are future services to the University or other entity required?		X	
Selection	on for scholarship/fellowship grant:		v	
10.	Was the recipient selected on the basis of experience?		X	
11.	Was the recipient selected primarily to further education or training?	X		
12.	Is the amount of the financial support based upon compensation of employees performing similar activities?		X	
Statuto	ry exceptions:			
13.	Is this an award received for teaching, research, or other services under the National Health Service Corps Scholarship Program or the F. Edward Hebert Armed Forces Health Professionals Scholarship and Financial Assistance Program?	X		
IRS pri	vate ruling exception:			
_	Is this an award received for teaching, research, or other services under the National Research Service Act sponsored by the NIH?	Х		