

RESEARCH FOUNDATION

of The City University of New York 230 West 41st Street New York, NY 10036-7207

DATA COLLECTION FORM - SCHOLARSHIP/FELLOWSHIP

The IRS defines scholarship as an amount paid or allowed to, or for the benefit of a student at an educational institution or a research to aid in the pursuit of independent educational activity, study, or research. A fellowship is generally an amount paid for the benefit of an individual to aid in the pursuit of graduate study or research. See IRS publication 970 (Tax Benefits for Education) for more information.

Please complete and forward this document along with all corresponding documentation (payment request, recipient award letter, payment schedule, etc.) and forward it to the Payment and Procurables team at the Research Foundation of CUNY.

attachment spreadsheet, otherwise fill out a sep		ach recipient).	e to all recipie	nts, ans	swer qu	estions ²	I-/ and comp	lete the
First Name	Last Name			M.I	_Email _			
2. Is the recipient a US Citizen /US Non-citizen N US Citizen /US Non-citizen National or permaner Failure to answer the question accurately may c Alien for tax purposes (NRA).	nt resident, RF f o	orm 702 must l	oe completed	by the	recipien		bmitted with	
3. Recipient's Address: Street		City	r:			Sta	te:Zi	p:
4. Recipient's EFT/ACH information: ABA Routing	g #	_ Account#_					Checking	Savings
5. Recipient's Social Security (SSN) or Individual	l Taxpayer ID (IT	IN) No. (Not Cl	JNY student #	ŧ)				
6. Total Dollar Amount of Award \$								
7. Is the recipient enrolled in a degree program?	Yes	No						
8 Type of Program: Undergraduate	Graduate	Masters	Ph.D	Po	ost Doc.	Other_		
9. Is teaching or any form of services required a	s a condition for	r receiving a sc	holarship / fel	llowship	?	Yes	No	
10. If required, does research, teaching, or othe	r services benef	it the grantor?	Yes	No				
If the answer to questions 9 or 10 is Yes, then to compensation and not a non-service scholarship payments.								service
11. Is the recipient also being supported by a fe	deral or federal	pass-through a	ward?	Yes	No)		
If yes, provide RF account #			_					
Period of Support From to	Amount \$							
Notes								
The Project Director or Principal Investigator, by s representations are true and also acknowledges on the Project Director's above representations a	that the Researc	h Foundation p	roviding these	funds t	to the in	dividual(s) requested l	
Project Director / Principal Investigator Signature		 Date						