

## **Bilingual Education Scholarship Funds Request Form**

Date:	FICE Code:	Institution:				
Contact Information						
Position	Name	Email	Phone			
Financial Aid Director						
Reporting Financial Aid Officer						
Business Office Contact						

Certifying Name/Title

Current Request					
Type of funds	Current amount being requested	Number of unique students awards being funded via current request*			
Grants/Scholarships					
Other Associated Cost					

IMPORTANT NOTE: If requesting program funds for associated cost, an itemized excel spreadsheet must be submitted along with the Funds Request Form.

Total Funds					
Education Scholarship	requested including	Number of Year-to-date unique student awards funded including current request***			

<sup>\*</sup> The count of recipients receiving program funds for the first time this award year via this current

By submitting this form, I certify that the amount requested and the number of recipients (both new and year-to-date) as reported on this request form are accurate as of today's date. I further understand the importance of the accuracy of this information, as it may be reported to Legislatures and is subject to review during a program audit. In addition, when requesting funds for associated cost, an itemized list with dollar amounts will be provided along with this request.

	•	
Signature		Data

I confirm that this is an original (not a duplicate) submission.

I confirm that this is a revised request that is replacing a previously submitted request. If so, enter the date of the original submission and the reason for the revision in the following sections.

Date of Original Submission

Date

## To send the completed form:

- Click the **SUBMIT** button.
  - o An email with this form attached will open in a new window.
- Enter the six-digit FICE code and file name in the subject line.
  - o Example: 012345 Bilingual Education Funds Request Form FY 2019.
- Click the **SEND** button to submit the form.



Forms that cannot be sent using the SUBMIT button should be manually completed, scanned and emailed to FASOperations@thecb.state.tx.us.

<sup>\*\*</sup> The cumulative total amount of funds requested this fiscal year including this request.

<sup>\*\*\*</sup> The total number unique students who have received funds this fiscal year including those who will receive funds from this request.