TUSKEGEE UNIVERSITY

ACADEMIC STIPEND MEMO

To: Payroll Office

From: _____

RE: Academic Stipend

Purpose:

_____
_____
_____
_____

Date: _____

Please process an Academic Stipend/Scholarship for the students (s) listed below:
Payment is for the Month of _____.
Month of Payment

Student Name:	Student ID #	Amount to be Paid