**REQUEST TO CLOSE SCHOLARSHIP (“S”) ACCOUNT**

California State University, Sacramento

University Foundation at Sacramento State

 Date:

Submitted by:

 Extension:

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| Name of Scholarship: |       |

Scholarship account funds administered by:

|  |  |
| --- | --- |
| [ ]  Sacramento State, fund code | S      |

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| --- | --- | --- | --- |
| [ ]  University Foundation at Sacramento State, account | X      | fund code | S      |

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| --- |
| Reason for account closure:  |

Current account balance: $

Transfer balance to account:

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| Explain why the receiving account is appropriate:  |

Attach the following:

* Signed memo from the dean or unit VP/director requesting the closure of the account and transferring of funds.
* Written authorization from donor to close the account and move funds. This is required only if the fund has a single or key donor(s). Contact the Development Office for assistance.

***Submit this form and required documents to Sacramento State Development Office, attention: Advancement Services (zip 6030), which will review and forward to University Accounting and/or UEI on behalf of UFSS for appropriate action.***

**Approved by: Development Office \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**Accounting Services \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**

**UEI on behalf of UFSS \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_**