

**TO:** Financial Aid Office  
California State University, Dominguez Hills

**FROM:** Business and Finance  
California State University, Dominguez Hills Foundation

**RE:** Notification of Student Support Paid on Grant/Contract

Please be advised that the following student was/will be issued payment of the following student support for the terms indicated below.

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**STUDENT AND SUPPORT INFORMATION**

<input type="text"/>	<input type="text"/>	Term: <input type="radio"/> Fall <input type="radio"/> Spring <input type="radio"/> Summer	<input type="text"/>	<input type="text"/>
Student Name	Student ID		Year	Amount of Support

Please specify the purpose of support in the box below:

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<input type="text"/>	<input type="text"/>	Term: <input type="radio"/> Fall <input type="radio"/> Spring <input type="radio"/> Summer	<input type="text"/>	<input type="text"/>
Student Name	Student ID		Year	Amount of Support

Please specify the purpose of support in the box below:

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<input type="text"/>	<input type="text"/>	Term: <input type="radio"/> Fall <input type="radio"/> Spring <input type="radio"/> Summer	<input type="text"/>	<input type="text"/>
Student Name	Student ID		Year	Amount of Support

Please specify the purpose of support in the box below:

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<input type="text"/>	<input type="text"/>	Term: <input type="radio"/> Fall <input type="radio"/> Spring <input type="radio"/> Summer	<input type="text"/>	<input type="text"/>
Student Name	Student ID		Year	Amount of Support

Please specify the purpose of support in the box below: