

**University of Central Florida Foundation, Inc.**  
**SCHOLARSHIPS/AWARDS**

To

**UCF FOUNDATION, INC.**  
**ACCOUNTING OFFICE**

Prepared by: \_\_\_\_\_

Dept. \_\_\_\_\_


Contact Number \_\_\_\_\_

Date \_\_\_\_\_

Scholarship Name	Scholarship Account #
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Scholarship Year \_\_\_\_\_ Term (Circle)     Fall     Spring     Summer

Will student receive another disbursement this academic year?     Yes     No

RECIPIENT'S NAME	STUDENT PID	\$ AMOUNT
<b>TOTAL</b>		

Selection Committee Representative (Signature Required) \_\_\_\_\_

Dean's Approval (Signature Required) \_\_\_\_\_

UCF Foundation, Inc. \_\_\_\_\_

UCF Foundation, Inc. \_\_\_\_\_

It is the responsibility of the department to oversee the selection process, therefore, signature authorization by the department indicates that the search criteria per the donor's restrictions have been met and that the selection was objective and nondiscriminatory. For audit purposes, the department should maintain documentation regarding the selection.

Foundation contact: Accounting 407-882-1220.

**Foundation Accounting Use Only**

Cashier's R # \_\_\_\_\_

Date \_\_\_\_\_

Acct. # \_\_\_\_\_

Check # \_\_\_\_\_

Remarks \_\_\_\_\_