

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
TOTAL		

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 _____