University of Central Florida Foundation, Inc.

SCHOLARSHIPS/AWARDS

To	Prepared by:
UCF FOUNDATION, INC. **ACCOUNTING OFFICE**	Dept.
	Contact Number
	Date

Scholarship Name	Scholarship Account #

Scholarship Year _____ Term (Check one) ☐ Fall ☐ Spring ☐ Summer

Will student receive another disbursement this academic year? ☐ Yes ☐ No

RECIPIENT'S NAME	STUDENT PID	$ AMOUNT
	TOTAL ➤	$ 0.00

Selection Commitee Representative (Signature Required)

Dean's Approval (Signature Required)

UCF Foundation, Inc.

UCF Foundation, Inc.

It is the responsibilty 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

WHITE COPY - VOUCHER YELLOW COPY - DEVELOPMENT OFFICE BLUE COPY - FINANCIAL AID OFFICE