

Private Scholarship Payment Submission Form (To Be Completed by Donor)

- Please make checks payable to **UCF only**. (If you make the check co-payable to UCF and the student, please be sure to notify the student.)
- Include the **full name of the student** along with the UCF PID and/or the last four digits of the social security number.
- If your scholarship recipient is an athlete, be sure to complete the Scholarship Selection Criteria section, found at the bottom of the page.
- Submit scholarship payments with form to: Office of Student Financial Assistance, 4000 Central Florida Blvd., Millican Hall, Room 120, Orlando, Florida 32816-0113
- Questions? Contact "Scholarships" at (407) 823-2827 or finaid@mail.ucf.edu.

Name of Scholarship: _____ **Amount of Check:** \$ _____

Student's Full Name	Student's UCF Personal ID (PID)	Last 4 digits of SSN	Amount
1.	#	XXX-XX-	\$
2.	#	XXX-XX-	\$
3.	#	XXX-XX-	\$
4.	#	XXX-XX-	\$
5.	#	XXX-XX-	\$

Attach additional pages if needed for a longer list of students.

The full amount of this check is to be applied to: (check all boxes that apply)

- Fall 2008 only _____ Spring 2009 only _____ Full Academic year (fall 2008 & spring 2009) _____ Summer 2009 only _____
- Fall 2009 only _____ Spring 2010 only _____ Full Academic year (fall 2009 & spring 2010) _____ Summer 2010 only _____

*** Unless indicated on separate letterhead, all funds will be applied without restrictions to general educational expenses of the student.**

Tell us about your organization:

Name of Organization: _____ Tax ID# _____

Address: _____

Contact Name: _____ Phone: _____ Fax: _____ E-mail: _____

(Required solely for student athletes) – Scholarship Selection Criteria: Please check all that apply or attach your selection criteria to this form.

Athletic Ability _____ Athletic Participation _____ Academic Merit _____