

THOMAS MORRIS SCHOLARSHIP
09/10 Academic Year

Please type or print in ink.
PERSONAL INFORMATION

Name: _____ PID: _____

Mailing Address: _____

_____ Telephone: () _____
City State Zip Code

E-Mail: _____

Classification:	<input type="checkbox"/> Freshman	Ethnic Origin:	<input type="checkbox"/> Caucasian
	<input type="checkbox"/> Sophomore		<input type="checkbox"/> Black
	<input type="checkbox"/> Junior		<input type="checkbox"/> Hispanic
	<input type="checkbox"/> Senior		<input type="checkbox"/> Asian or Pacific Islander
	<input type="checkbox"/> Graduate Student		<input type="checkbox"/> American Indian or Native Alaskan
			Other: _____
Marital Status:	<input type="checkbox"/> Married	Gender:	<input type="checkbox"/> Male
	<input type="checkbox"/> Single		<input type="checkbox"/> Female
	<input type="checkbox"/> Divorced		
	<input type="checkbox"/> Separated		

EDUCATIONAL BACKGROUND

Major at UCF: _____ Anticipated graduation date: _____

Current UCF Institutional GPA: _____

Did you attend a Florida high school? _____

Name of high school: _____

Name of previously attended colleges/universities: _____

What is your planned profession? _____

NOTE: Please make sure a FAFSA for 2009/2010 has been completed and filed with the Federal Processor.

Incomplete applications are not acceptable. We appreciate your understanding that due to the high volume of applications, only those selected for scholarships will be notified.

I understand that completion of this application authorizes the Office of Student Financial Assistance to release information to prospective donors. I have read and understand the criteria for this award and I meet the qualifications to apply. I understand that if selected for this award, my name will be published.

Student Signature

Please tell us where you heard about scholarships at UCF.

- | | |
|---|--|
| <input type="checkbox"/> Finaid.ucf.edu | <input type="checkbox"/> UCF Television |
| <input type="checkbox"/> Friend/Family | <input type="checkbox"/> UCF Newspaper/Publication |
| <input type="checkbox"/> UCF Employee | <input type="checkbox"/> Donor |
| <input type="checkbox"/> UCF Radio | <input type="checkbox"/> Other: Please List _____ |

Application Deadline: Friday, November 20, 2009

Disclaimer: Financial recipients please note: awards and scholarships are considered a "resource" and must be included in a student's financial aid budget. If you are awarded a scholarship that exceeds your financial aid cost, a reduction or payment of financial aid may occur.

RETURN THIS APPLICATION TO:
UNIVERSITY OF CENTRAL FLORIDA
OFFICE OF STUDENT FINANCIAL ASSISTANCE
MILLICAN HALL ROOM 120
ORLANDO, FL 32816-0113