Thomas & *Lori Cleary Endowed Scholarship Fund*
09/10 Academic Year

Please type or print in ink.

PERSONAL INFORMATION

Name: _____ PID: _____

Mailing Address: _____

_____ Telephone: ( ) _____

City State Zip Code

E-Mail: _____

Classification: _____ Freshman
_____ Sophomore
_____ Junior
_____ Senior

Marital Status**:** _____ Married
_____ Single
_____ Divorced
_____ Separate

Gender: _____ Male
_____ Female

Household: Number of Children in household and their ages: _____

Are you the custodial parent of the minor children listed above? YES_____ NO_____

*The parent that has primary care, custody and control of the child(ren).

Proof of Custodial parent status must be submitted with application. Acceptable proof includes the following:
- An attested copy of divorce papers showing the custody or residential parent status of the child(ren) and child(ren)'s enrollment in the School District of your current address.
- Copy of Birth Certificate, child's enrollment in School District of your current address and 2008 tax return.
- Copy of Birth Certificate, Rental or Lease Agreement, showing the child as a member of your household. (for children not of school age) and 2008 tax return.

EDUCATIONAL BACKGROUND: GPA: _____ **Anticipated Graduation Date**: _____
Minimum GPA of 3.25 is required*

Do you plan to be enrolled full time for the following semesters? (Check all that apply) Fall 2009_____ Spring 2010_____

Have you filed the 2009-2010 FAFSA? YES_____ NO_____

ESSAY: Please **attach** a 500 word essay outlining your plans/goals for the future.

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.

☐ Finaid.ucf.edu
☐ Friend/Family
☐ UCF Employee
☐ UCF Radio
☐ UCF Television
☐ UCF Newspaper/Publication
☐ Donor
☐ 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