TED J. SOCHAR SCHOLARSHIP
09/10 Academic Year

Please type or print in ink.
PERSONAL INFORMATION

Name: _____ **PID:** _____

E-Mail: _____

Mailing Address: _____

_____ **Telephone: ( ) _____**
City *State* *Zip Code*

Classification:
_____ Freshman
_____ Sophomore
_____ Junior
_____ Senior
_____ Graduate Student

Ethnic Origin:
_____ Caucasian
_____ Black
_____ Hispanic
_____ Asian or Pacific Islander
_____ American Indian or Native Alaskan
_____ Other: _____

Marital Status:
_____ Married
_____ Single
_____ Divorced
_____ Separated

Gender:
_____ Male
_____ Female

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? _____

REFERENCES
Please **provide** verification of disability from Student Disability Services. Please **provide** verification of athletic involvement.

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