

VINCE AMICO SCHOLARSHIP FOR MODELING AND SIMULATION
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
 _____ 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

Did you attend a Florida high school? _____

Name of high school: _____

Name of previously attended colleges/universities: _____

What is your planned profession? _____

REFERENCES

Please **attach** three letters of recommendation **and** a transcript. In addition, please **attach** a list of all activities, honors, awards, and other personal qualities or factors of which you want us to be aware. This list should show a history of your activities either in school or in the community. **Incoming freshman** must show verification of participation in the Modeling and Simulation Magnet Program and verification of University High School attendance (transcript). **Graduate and professional students** must be able to verify major and focus with graduate studies.

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.

- | | |
|---|--|
| <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