

Private Scholarship Payment Submission Form

(To Be Completed by Donor)

- 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 ID/ PID and the last four digits of the social security number.
- If your student scholar is an athlete, be sure to complete the Scholarship Selection Criteria section.
- 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@ucf.edu.

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

Students Full Name	Student's UCF ID/ PID or	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 2016 only _____ Spring 2017 only _____ Full Academic year (fall 2016 & spring 2017) _____ Summer 2017 only _____
- Fall 2017 only _____ Spring 2018 only _____ Full Academic year (fall 2017 & spring 2018) _____ Summer 2018 only _____

Tell us about your organization:

Name of Organization: _____ Tax ID# _____

Address: _____

Contact Name: _____ Phone: _____ Fax: _____ Email: _____

(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 _____