

## 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 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 107, Orlando, Florida, 32816-0113
- If you have additional criteria required for disbursement, please submit a letter stating required criteria with this form
- Questions? Contact "Scholarships" at (407) 823-2827 or [sfasholarships@ucf.edu](mailto:sfasholarships@ucf.edu).

**Name of Scholarship:** \_\_\_\_\_ **Amount of Check:** \$ \_\_\_\_\_

Students Full Name	Student's UCF ID	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 2019 only \_\_\_\_\_ Spring 2020 only \_\_\_\_\_ Full Academic year (fall 2019 & spring 2020) \_\_\_\_\_ Summer 2020 only \_\_\_\_\_
- Fall 2020 only \_\_\_\_\_ Spring 2021 only \_\_\_\_\_ Full Academic year (fall 2020 & spring 2021) \_\_\_\_\_ Summer 2021 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 \_\_\_\_\_