



Scholarship Action Form

Date: _____

University of Central Florida
Office of Student Financial Assistance

Contact: _____

Date of ID Transfer or Student Award Request Form previously submitted for these awards

Phone: _____

_____ (mm/dd/yy)

E-mail: _____

Grand Total of ID Transfer or Student Award Request Form previously submitted

Department: _____

\$ _____

Aid Year: _____

_____ Departmental account number of funding previously transferred

_____ Financial Aid account number of funding previously transferred

Action	PID / EMPLID	Student Name	Scholarship Name	Reason	Fall	Spring	Summer
New							
Change / Correction							
Cancel							
Comments							

N = New C = Change/ Correction X = Cancel (reason required)	Total	Action	Fall	Spring	Summer
		N			
		C			
		X			

Processed _____

Received in SFA _____

SFA Counselor _____