

Scholarship Action Form **New Awards**



This form should be forwarded to Student Financial Assistance, SFAAccounting@ucf.edu.

Date: _____
 Contact: _____
 Phone: _____
 Email: _____
 Department: _____
 Aid Year: _____

WD JRNL or BDA Reference Number _____
 Total of WD Funding Commitment previously submitted for these awards \$ _____
 Cost Center ID: _____
 Fund ID: _____
 Program ID: _____
 Financial Aid Grant ID: _____

Action	PID / EEMPLID	Student Name	Scholarship Name	Reason	Fall	Spring	Summer
New Awards							
Comments							

Total	Action	Fall	Spring	Summer
	N			

Processed _____ Received in SFA _____ SFA Counselor _____

