Award Semester _____
Fiscal Year 2026-2027

Student Award Request Form

UCF | Student Financial Assistance

Clear Form

BUDGET COMMITMENT OF FUNDING

Department Name & Contact

This is the Contact for Scholarship Questions.

Dept Name | College | Contact Name | Contact Phone | Email Address

This form should be forwarded to your SET Business Center with an email copy to Student Financial Assistance, SFAAccounting@ucf.edu.
The Authorization Statement below is to be signed by the Departmental Scholarship Contact that is requesting the Budget Amendment.
The Department Contact above is not necessarily the person responsible for the Budget Amendment.

I authorize the use of budget funds from our college or department and certify that donor restrictions, if any, have been met.

Authorized Signature | Print Name | Date | Phone

This is the Contact for Funding Questions.

Total Budget Amendment $ 0.00

Old Dept. ID | Company ID | Division ID | Cost Center ID | Fund ID

Amendment ID | Program ID | Grant ID | Site ID | FinAid Grant ID

Scholarship/Fellowship Name	Y or N Another award coming this Year?	Check if "NEED" part of donor Critera?	Y or N Release with less than 12Hrs?	Min. Hours for Award	EMPLID	Student Name	Award Amount	Alien Status	Item Type

Alien Status U = Native US Citizen, I =International Student/Alien Temporary, P = Alien Permanent, N =Naturalized; Award is taxable if student is not a U.S. citizen.
This information is found on **Peoplesoft**: Campus Community =>Personal Information => Identification => Citizenship => Citizenship and Passport

Award-Request-Rev.6/26

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