

Award Semester _____
Fiscal Year 2025-2026

Student Award Request Form



Student Financial Assistance

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.

Old Dept. ID

Company ID

Division ID

Cost Center ID

Fund ID

Total Budget Amendment \$

Amendment ID

Program ID

Grant ID

Site ID

FinAid Grant ID

[illegible]

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

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