

# NEW SCHOLARSHIP AWARD QUESTIONNAIRE



**Student Financial  
Assistance**

UNIVERSITY OF CENTRAL FLORIDA

To request review and potential setup of a new scholarship award, please provide the requested information below to assist us with the setup of the new scholarship award:

1. Is this award a tuition payment, a stipend, a scholarship, or a fellowship?

2. Does this award represent compensation for work completed by the student?      **Yes**      **No**

3. Was the student required to provide any service in order to receive the award?      **Yes**      **No**

4. Is this a one-time award or will the program be continuing in future terms?      **One-time**      **Reoccurring**

5. Will ALL of the students on the request be enrolled as Degree Seeking in the requested award semester?      **Yes**      **No**

6. How many enrollment hours are required in the award semester to receive this award?      **Hours** \_\_\_\_\_  
Note: Enrollment is required for all types of financial aid.

7. Is this award based on financial Need or academic merit?      **Financial Need**      **Academic Merit**

8. Is the award for Graduate students and/or Undergraduate students?      **Graduate**      **Undergraduate**

9. Is a specific major required to receive the award?      **Yes**      **No**      **If yes, specify** \_\_\_\_\_

10. What are the requirements for receiving this award?

11. What were the selection criteria?

12. What are the student requirements for maintaining the award?

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13. What is the minimum and maximum award amount for each student per semester? **Min** \_\_\_\_\_  
**Max** \_\_\_\_\_

14. The department providing the award falls under which college or division (if Admin)?  
\_\_\_\_\_

15. Is the funding coming from the UCF Foundation? **Yes** **No**

If Yes, please provide the Gift ID. **Gift ID** \_\_\_\_\_

If No, what is the funding source (please include cost center/fund/grant)? **Source** \_\_\_\_\_

**cost center** \_\_\_\_\_ **fund** \_\_\_\_\_ **grant** \_\_\_\_\_

16. What is the awarding budget for this scholarship program this fiscal year? **Budget** \_\_\_\_\_

17. Does this award represent payment or reimbursement for travel by the student? **Yes** **No**

18. Was the student involved in UCF Research? **Yes** **No**

19. Does this award relate in any way to an internship? **Yes** **No**

20. Is this award related in any way to UCF Study Abroad? **Yes** **No**

Note: Students should be enrolled in approved UCF Study Abroad classes for this type of award.

21. Please include any websites or award documentation with information about your award program.  
\_\_\_\_\_

22. Please provide your contact information in case we have additional questions.

Name: \_\_\_\_\_

College or Department: \_\_\_\_\_

Email Address: \_\_\_\_\_

## Please email this completed document to one of the following:

New UCF Foundation Gift, email [SFAFNDScholarships@ucf.edu](mailto:SFAFNDScholarships@ucf.edu)

All other New Scholarships, email [SFADeptSch@ucf.edu](mailto:SFADeptSch@ucf.edu)

The Scholarships area will review for potential setup as a financial aid scholarship and/or reach out to you for additional information.

Thank you.

Student Financial Assistance

Scholarship Team