

Private Scholarship Payment Submission Form

(To be Completed by the Donor/Donor representative)

Instructions:

1. Checks should be payable to UCF only. If the check is co-payable to UCF and the student, please notify the student.
2. Include the student's full name, UCF ID, and the last four digits of their social security number or date of birth.
3. If scholarship recipient is a student athlete, be sure to complete the Scholarship Selection Criteria section.
4. Submit scholarship payments with form to:

University of Central Florida
Office of Student Financial Assistance
P.O. Box 160113
Orlando, FL 32816-0113

5. If there are additional criteria required for disbursement, please submit a letter stating the required criteria with this form.

Name of Scholarship: _____ **Amount of Check: \$** _____

Full Name	UCF ID	Last 4 of SSN or DOB	Amount	Term the Funds are to apply to (Fall/Spring/Summer & Year)
<i>Example: Ima Knight</i>	<i>1234567</i>	<i>1/1/2020</i>	<i>\$500.00</i>	<i>Fall 2020 and Spring 2021</i>
1.			\$	
2.			\$	
3.			\$	
4.			\$	
5.			\$	

*Attach additional pages if needed for a longer list of students.

Name of Organization: _____ Tax ID# _____

Address: _____

Contact Name: _____ Phone: _____ Email: _____

*Required for Student Athletes- Scholarship Selection Criteria: Please check all that apply or attach your selection criteria to this form.

Athletic Ability

Athletic Participation

Academic Merit