

Scholarship Action Form **Cancel/Corrections**



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

Date: _____ WD JRNL or BDA Reference Number _____

Contact: _____ Total of WD Funding Commitment previously submitted for these awards \$ _____

Phone: _____ Cost Center ID: _____

Email: _____ Fund ID: _____

Department: _____ Program ID: _____

Aid Year: _____ Financial Aid Grant ID: _____

Action	PID / EMPLID	Student Name	Scholarship Name	Reason	Fall	Spring	Summer
New							
Change / Correction							
Cancel							
Comments							

N = New C = Change/ Correction X = Cancel (reason required)	Total	Action	Fall	Spring	Summer
		N			
		C			
		X			

Processed _____ Received in SFA _____ SFA Counselor _____