

Veterans Academic Resource Center Dining Scholarship Application / 2016-2017 Academic Year

Name: _____ PID: _____

Residential Address: _____
City State Zip Code

Telephone: _____ E-Mail: _____

Are you currently attending UCF?.....YES _____ NO _____

When do you plan to graduate?.....Semester _____ Year _____

How many credit hours do you plan to take?.....Fall _____ Spring _____

Are you in good academic standing with the university?.....YES _____ NO _____

What will be your academic level for the 2016-2017 school year? (Check one).....Undergraduate _____ Graduate _____

Current UCF GPA: _____ If no UCF GPA exists, provide high school or other college GPA: _____

Are you a veteran?.....YES _____ NO _____

Is your Minor in Africana Studies?.....YES _____ NO _____

Will you be living on campus?.....Fall: YES _____ NO _____ | Spring: YES _____ NO _____

SUBMISSION REQUIREMENTS

Please provide brief, but complete answers to the following questions.

1. Please explain why you should be awarded a dining scholarship and what difference the scholarship would make to you.
2. A summary of your educational/career background including awards received, any community or other volunteer service with which you are involved in, extra-curricular activities, and related information should be provided.
3. Include what your interests are academically and professionally when you complete your course of study.
4. Feel free to include any personal details regarding your particular situation, financial hardship or obstacles that you have had to overcome in the pursuit of your academic endeavors. You may also attach a resume and letters of recommendation.

FINANCIAL INFORMATION

Have you filed the 2016-2017 FAFSA?.....YES _____ NO _____

Please make sure a FAFSA for 2016/2017 has been completed and filed with the Federal Processor.

NOTE

Incomplete applications are not acceptable. Due to the high volume of applications, only those selected for scholarships will be notified.

I understand that completion of this application authorizes the Office of Student Financial Assistance to release information to prospective donors. I have read and understand the criteria for this award and I meet the qualifications to apply. I understand that if selected for this award, my name will be published.

Applicant Signature

Date

Application Deadline: Applications must be submitted to the below address by Friday, August 12, 2016 12:00 pm.

Financial recipients please note, awards and scholarships are considered a "resource" and must be included in a student's financial aid budget. If you are awarded a scholarship that exceeds your financial aid cost, a reduction or payment of financial aid may occur.

SUBMIT THIS APPLICATION TO:
Paul.Viau@ucf.edu