

University of Central Florida College of Medicine (UCFCOM) 2012-2013 Outside Scholarship/Award Notification Form

*Please complete this form and return it to the address below at your earliest convenience **if you have been awarded any outside scholarships/awards**. The term "outside scholarship/award" refers to funds awarded to you and administered by an organization other than UCFCOM. Outside scholarships and awards may include:*

- Scholarships awarded by your undergraduate institution, religious, civic, or other organization;
- State and/or federally funded scholarships and grants; or
- Tuition benefits received from any entity other than UCF, excluding Veteran's Benefits

You do not need to complete and return this form if you will not be receiving any outside scholarships/awards. *If you have applied for outside awards, but have not learned that you have been selected as a recipient, please do not list them on this form. List only scholarships you know you will receive. If you learn that you will receive an outside scholarship at a later date, please notify us in writing or by e-mail. Include the name of the award, the dollar amount, and whether the award is renewable for subsequent years. Please provide a copy of the award letter, if possible.*

Please note that you MUST report all outside awards to UCFCOM's Office of Student Financial Services. *UCFCOM's policy on the treatment of outside scholarships and awards is listed in the Financial Services Guidebook and Student Handbook. Students may not receive financial funding that exceeds the Cost of Attendance (COA). If financial funding does exceed the COA, adjustments must be made to financial aid award/s. Institutional aid will only be reduced in the event that all loans have been removed from the financial aid award/s, and there remains an excess of funding. Use additional pages, if necessary.*

Last Name: _____ **First Name:** _____ **PID:** _____

Anticipated Scholarships/Awards:

Name of Organization Giving Award: _____

Annual Amount of Award \$ _____

☐ Renewable or ☐ Non-Renewable?

How will award be disbursed? ☐ Lump Sum or ☐ Two Equal Payments

Notes, if needed: _____

Name of Organization Giving Award: _____

Annual Amount of Award \$ _____

☐ Renewable or ☐ Non-Renewable?

How will award be disbursed? ☐ Lump Sum or ☐ Two Equal Payments

Notes, if needed: _____

Student Signature (print & sign in ink) _____ **Date** _____

Return Form to: UCFCOM Office of Student Financial Services, 6850 Lake Nona Blvd., Suite 115, Orlando, FL 32827;
E-mail form to: medfinaid@mail.ucf.edu; or Fax form to: 407.266.1399