

NEED SCHOLARSHIP AWARD AGREEMENT

UCF Abroad Office

4356 Scorpius St. Orlando, FL • Phone: 407-882-2300 • Fax: 407-882-2300



You must complete and return this form to the UCF Abroad office in order to receive your scholarship award.

Please fill in the following information and sign at the bottom of page.

NAME _____ PID#: _____
LAST FIRST MI

STATEMENT OF EDUCATIONAL PURPOSE/AGREEMENT OF REFUNDS AND DEFAULT

- I will use all scholarship money received only for expenses related to study at the University of Central Florida and to the study abroad program.
- I certify that I do not owe a refund on any grant or scholarship and that any outstanding balances with the University of Central Florida will be deducted from my award.

HOW AWARDS ARE MADE AND PAID

- I acknowledge that I must inform Student Financial Assistance of my scholarship award, any changes in enrollment status, or if I receive additional awards, and that changes of this type may require adjustments to my financial aid awards.
- I understand that in order to be eligible for this Scholarship award I must be fully admitted as a regular degree-seeking student the University may defer my tuition payments until I receive my award; however, I may not receive any funds until all my outstanding balances have been satisfied and my academic standing has been verified as satisfactory.
- I realize that I must maintain satisfactory academic progress and meet all other criteria for any scholarship(s) received. Failure to maintain satisfactory academic standing may result in withdrawal of all or part of my award.
- I understand that if I withdraw from the study abroad program after the award payment has been disbursed, I will be obligated to refund to UCF Abroad office the amount of the award payment. If I withdraw after beginning the study abroad program but prior to completing it, the amount of my award will be adjusted accordingly and I may be obligated to refund to the UCF Abroad office part or all of the award payment.
- I am aware that I must officially drop from my classes by the end of add/drop period, otherwise I am obligated to pay all debts and charges owed to the university.
- I understand that it is my responsibility to maintain a current address with the university and that I am responsible for updating my information with the Registrar's Office and the Office of Student Financial Assistance.
- I certify that I have read and fully understand the requirements for the Need-Based Scholarship, and that I am responsible for the completeness and accuracy of the information I have provided.

SIGNATURE: _____ DATE: _____