

**Veterans Academic Resource Center Dining Scholarship Application / Spring 2020 Semester**

Name: \_\_\_\_\_ PID: \_\_\_\_\_

Residential Address: \_\_\_\_\_

Telephone: \_\_\_\_\_ E-Mail: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

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 2018-2019 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 \_\_\_\_\_

Will you be living on campus? .....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 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 2018-2019 FAFSA? .....YES \_\_\_\_\_ NO \_\_\_\_\_

Please make sure a FAFSA for 2018/2019 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, October 23, 2020 by 5:00 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:  
Joshua.Johnson@ucf.edu