

Clear Form

**University of Florida - University Bursar
Establishment of New Scholarship/Grant Program for Department**

I. For Department Use Only: Complete this section and send it to University Bursar, S113 Criser Hall, PO Box 114050.

College/Department Name: _____ Department ID # _____

Contact Person Name: _____ Phone Number: _____

Email Address: _____ Campus PO Box: _____

Requested New Scholarship Name: _____
(Please limit to 30 characters or less – spaces are included in the count)

Purpose of this Scholarship: _____

This Scholarship is (check one – see description below): Restricted Agency

Restricted = Used to account for activity associated with resources provided to an institution that have established limitations or stipulations place on their use. At the direction of the funding source, restrictions can be broad or specific.

Agency = Resources held by an institution acting as custodian or fiscal agent. The resources are deposited with the institution for safe keeping, to be used or withdrawn by the depositor at will.

Duration of Scholarship (Length of time you anticipate using this scholarship): _____

Disposition of Remaining Funds at the Closing of the Scholarship Program: _____
(Must complete even though duration is indefinite)

Source of Funds: (check one)

- | | | |
|--|---|--|
| <input type="checkbox"/> Federal | <input type="checkbox"/> Private Donation (Non-UF Foundation – mark one below): | <input type="checkbox"/> Foreign |
| <input type="checkbox"/> State | <input type="checkbox"/> Individuals | <input type="checkbox"/> Other |
| <input type="checkbox"/> Institutional | <input type="checkbox"/> Foundation (Non-UF Foundation) | <input type="checkbox"/> UFF – Fund # _____
(UF Foundation) |
| | <input type="checkbox"/> Corporations | |
| | <input type="checkbox"/> Religious | |
| | <input type="checkbox"/> Organization (Other) | |

Financial Aid Funds are: Need based Academic need (Merit) Athletic based Non-athletic performance

Name, Title and Address of Person to Receive Future Reports:

Print Name and Title PO Box Telephone Number

Signature of Dean, Director or Department Chair Print Name and Title (Dean, Director or Department Chair) Date

II. University Bursar Use Only.

Chartfield

Department ID Fund Program Code Flex Field

_____ 7603_____

Revenue Account Mapping Code
(use for deposit of funds) _____
420000 93 _____ 87

Initials of UB Staff Date

Approved By: _____
University Controller or Designee Date

III. Student Financial Affairs Use Only: Please complete this section and send to University Bursar, S113 Criser Hall, PO Box 114050.

Financial Aid ID: _____

Financial Aid Item Type: _____

Initials of SFA Staff Date