## **Clear Form**

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

College/Department Name: Contact Person Name:				- — — — — —
Email Address:		Campus PO Box:		
Requested New Scholarship Nar	me:			
	(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 ☐ Age	ency	
	count for activity associated value ruse. At the direction of t		n institution that have establi ns can be broad or specific.	shed limitations
	d by an institution acting as c ed or withdrawn by the depo		e resources are deposited with	th the institution
Duration of Scholarship (Leng	gth of time you anticipate u	sing this scholarship):		
<b>Disposition of Remaining Fund</b> (Must complete even though duratio		olarship Program:		
Source of Funds (check one):				
☐ Federal	☐ Private Donation (No	on-UF Foundation – mark or	ne below):	
□ State	☐ Individuals		☐ Other	
☐ Institutional	`	n-UF Foundation)	□ UFF – Fu	nd #
	<ul><li>□ Corporations</li><li>□ Religious</li></ul>		(UF Foun	dation)
	☐ Organization (C	Other)		
Financial Aid Funds are (check		Academic need (Merit)	☐ Athletic based ☐ No	on-athletic performance
•	,			ar uunous perioriumio
Name, Title and Address of Per	rson to Receive Future Re	ports:		
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
. University Bursar Use Only.	•			
<u>Chartfield</u>				
Department ID	<u>Fund</u>	Program Code	Flex I	<u>Field</u>
			7603	
Revenue Account				
(use for deposit of funds)	Mapping Code			
420000	93	87		
		Initials of UB Staff	Date	
approved By:				
University Controller or De	esignee	Date		