

**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, Attn: 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 The resources are deposited with the institution for safe keeping, to be used or withdrawn by the depositor at will.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 # _____ |
|  | <input type="checkbox"/> Corporations   | (UF Foundation)                             |
|  | <input type="checkbox"/> Religious  |   |
|  | <input type="checkbox"/> Organization (Other)                                   |   |

**Financial Aid Funds are (check one):** ☐ 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