

**Clear Form**

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

**I. For Department Use Only: Complete this section and send it to [BA-FA-UB-AccountingandReporting@ad.ufl.edu](mailto:BA-FA-UB-AccountingandReporting@ad.ufl.edu)**

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 The resources are deposited with the institution for safe keeping, to be used or withdrawn by the depositor at will.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

_____	_____	_____
<small>Print Name and Title</small>	<small>PO Box</small>	<small>Telephone Number</small>
_____	_____	_____
<small>Signature of Dean, Director or Department Chair</small>	<small>Print Name and Title (Dean, Director or Department Chair)</small>	<small>Date</small>