

Melissa Pellegrin Memorial Scholarship Application
Complete application must be received via e-mail (cahscholarships@ucf.edu) with all required attachments no later than November 6, 2020, at 5:00pm EST with subject line "Pellegrin Scholarship 2020-2021."

Your package must include this application, your transcripts, and letter with appropriate file conventions and attachments. The Melissa Pellegrin Memorial Scholarship Fund section of the Orlando Chapter STC Web site at (<https://stc-orlando.org/education/scholarships/>) contains detailed information about the application package.

Please provide your name and contact information.

First name _____ Middle initial _____ Last name _____
Street address _____
City _____ State _____ Zip code _____
Home phone _____ Work phone _____ Ext _____
Cell phone _____ Email address _____
PID: _____ NID: _____

Please list the classes you are taking this semester.

1. _____
2. _____
3. _____
4. _____
5. _____
6. _____

If you are an undergraduate student, please complete the section below.

Major _____ Minor _____
Semester/year you expect to receive undergraduate degree _____
Overall GPA _____ GPA in major _____ Hours worked per week _____
Place of employment _____

If you are a graduate student, please complete the section below.

Institution where you received your bachelor's degree _____
Undergraduate major _____ Undergraduate minor _____
Semester/year you graduated _____ Overall undergraduate GPA _____
Graduate degree program _____
Semester/year you expect to receive graduate degree _____ Current graduate GPA _____
Hours worked per week _____ Place of employment _____

FINANCIAL INFORMATION

Have you filed the 2019-2020 FAFSA? Yes _____ No _____

NOTE: Please make sure a FAFSA for 2020/2021 is filled out by the scholarship deadline and filed with the Federal Processor. *I understand that completion of this form authorizes the Office of Student Financial Assistance to release information to prospective donors. I have read and understand the criteria for this award in my online application and I meet the qualifications to apply. I understand that if selected for this award, my name and likeness may or will be published.*

Applicant Signature _____

Date _____

***Disclaimer:** Financial aid recipients please note: Awards and scholarships are considered an income resource and must be included in a student's financial aid budget. If a scholarship exceeds your financial aid cost, a reduction in payment of financial aid may occur.