

# Non-Resident Tuition Assistance Application for Undergraduate SVAD Students

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**Please complete the following fields (print legibly):**

UCFID: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

UCF Email Address: \_\_\_\_\_

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**Please initial each of the following checklist items:**

\_\_\_\_\_ I am an SVAD undergraduate student at the University of Central Florida in the semester in which I am applying for this assistance.

\_\_\_\_\_ I am considered a non-Florida resident for tuition purposes at UCF in the semester in which I am applying for this assistance.

\_\_\_\_\_ I am enrolled as a full-time student (at least 12 credit hours) at UCF in the semester in which I am applying for this assistance.

\_\_\_\_\_ I have at least a 3.0 UCF cumulative grade point average.

\_\_\_\_\_ I have included a copy of my UCF fee invoice for the semester in which I am applying for this assistance.

\_\_\_\_\_ I have included a current copy of my UCF degree audit.

\_\_\_\_\_ I have included a written personal statement explaining my financial hardship regarding tuition cost for the semester.

\_\_\_\_\_ I have included a written overview of my artistic experiences, personal objectives and future career goals.

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**Please read the following and sign below that you understand:**

By submitting this application, I agree that all information I am presenting is current and accurate. I understand that if the Undergraduate Non-Resident Tuition Assistance is awarded to me, then it is just for this one term in which I applied. If I wish to be considered again in the future I must submit a new application and supporting documentation. I also understand that I may not be selected as a recipient of this award this semester.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

See <http://svad.cah.ucf.edu/> for submission details and dates