



**OFFICE OF FINANCIAL AID  
SCHOLARSHIP ACCEPTANCE FORM  
2024-2025 ACADEMIC YEAR**

Scholarship Name: \_\_\_\_\_

CF ID No.: \_\_\_\_\_

Legal Name: \_\_\_\_\_  
 Last First Middle (complete) Jr., etc.

**Please indicate your acceptance of the CF Foundation Scholarship by signing and returning this form to the CF Foundation office no later than 15 days after the date on your scholarship approval letter.**

Return this form with a letter of thanks via email to: [cfscholarships@cf.edu](mailto:cfscholarships@cf.edu).

I accept the scholarship and agree to the scholarship terms below:

**I HEREBY AUTHORIZE THE COLLEGE OF CENTRAL FLORIDA (CF) TO RELEASE THIS APPLICATION AND ANY RELEVANT SUPPORTING ACADEMIC AND/OR FINANCIAL AID REPORTS TO PERSONS INVOLVED IN THE SELECTION OF SCHOLARSHIP RECIPIENTS. IN ADDITION, CF MAY PROVIDE DATA FROM THE APPLICATION TO FOUNDATION PARTNERS FOR PURPOSES OF REPORTING AWARDS AND MEETING SCHOLARSHIP REQUIREMENTS.**

**I AUTHORIZE THE USE OF QUOTES, PHOTOS AND/OR VIDEOS FOR COLLEGE OR FOUNDATION MARKETING PURPOSES.**

I do not accept the scholarship because: \_\_\_\_\_

\_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

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

\_\_\_\_\_  
 Date: MM/DD/YY

<b>CF Foundation Office Use Only</b>	
Thank You Letter Received: <input type="checkbox"/> Yes <input type="checkbox"/> No	Date: _____
By: _____	