

University of Florida
Christopher M. Squitieri Scholarship Fund

SCHOLARSHIP APPLICATION

Name: _____
Last First Middle

UFID#: _____

Telephone Number: _____ E-mail Address: _____

Local Address: _____

Street

City

State

Zip Code

Permanent Address: _____

Street

City

State

Zip Code

Are you registered with the Disability Resource Center? Yes No

*NOTE: Your registration with the Disability Resource Center will be verified as part of the review process.

Program: Undergraduate Graduate Professional (e.g. Law School, Dental School)

Major: _____ Expected graduation date: _____

Current cumulative UF GPA: _____

*NOTE: Your GPA will be verified as part of the review process.

Are you employed during the school year? Yes No

If YES, where? _____ How many hours per week? _____

Do you receive financial aid? Yes No

If YES, attach a copy of your current financial aid award letter.

A complete application packet should be sent to:

Dr. Paige Crandall
Dean of Students Office
University of Florida
P.O. Box 114075
Gainesville, FL 32611-4075

Phone: 352-392-1261 (V)
Fax: 352-392-5566