

Diversity Enhancement Scholarship for Transfers (DEST) 2017 – 2018 Renewal Application

Applicants are required to email this form to <u>oie@ucf.edu</u> from their assigned UCF <u>name@knights.ucf.edu</u> email account for purposes of verification. This form must be emailed on or before <u>June 16, 2017</u>. Renewal applications emailed after the application deadline will not receive review - there are no exceptions. No other forms of application are accepted (unless representing an accommodation to a disability).

All need-based and need/merit-based applicants must also complete a 2017-2018 Free Application for Federal Student Aid (FAFSA) or Renewal FAFSA form and transmit as indicated in the FAFSA instructions. FAFSAs which were completed by March 1, 2017, will ensure priority consideration.

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Name					
	Las	st	First		МІ
Student PID	(enter 7 digits)				
*Email Addro	ess: Knights emai	il address is REQUIRE	ED	@kni	ights.ucf.edu
	Те	elephone # ()			
Permanent A	ddress (Permanent	t address is used for sup	plemental hard-copy corre	espondence durir	ng the year.)
	Street		City	State	Zip
			Merit-based program will award only one		
attached to the merit, or a co semester for scholarship we the Spring se earned at an	ne transmittal email ombination of need a total of 24 credin ras based on merit of emester; if your aw other institution mu	along with the renewa and merit, you must h t hours for the Fall 20 or need/merit, your cum vard was need-based, ust be documented with	al may be submitted. It r I application. If you are a ave earned a minimum 16 and the Spring 2017 nulative GPA must be at your cumulative GPA n h an official transcript s 5, 12692 Gemini Blvd. S.	applying for rene of twelve (12) c 7 semesters cor least a 3.0 follow nust be at least ent from that in	ewal based on redit hours pe nbined. If you ving the end of a 2.0. Hours stitution to this
	For additiona	l information, please ref	er to our website: <u>http://o</u>	<u>ie.ucf.edu</u>	

Direct all inquiries via email to: <u>oie@ucf.edu</u>

I certify that I have read and understand the conditions for participation in this program. The information I am supplying in this application is true, complete, and correct. To the best of my knowledge and belief, I am eligible for this program as defined under Florida law.

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	Name	Date
UCF OIE 2/17, 5/17		