



Multicultural Academic and Support Services

Diversity Enhancement Scholarship for Transfers (DEST) 2018 – 2019 Renewal Application

Applicants are required to complete application on or before July 12, 2018.

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 2018-2019 Free Application for Federal Student Aid (FAFSA) or Renewal FAFSA form and transmit as indicated in the FAFSA instructions.

Name _____
Last First MI

Student PID _____ (enter 7 digits)

* Email Address: Knights email address is REQUIRED _____@knights.ucf.edu

Telephone # () _____

Permanent Address (Permanent address is used for supplemental hard-copy correspondence during the year.)

_____ Street City State Zip

Applying for (check one) ___Need-based ___Merit-based ___Both (Need/Merit)
(If you qualify, you may be considered in all categories. The program will award only one scholarship per student.)

If you do not meet the renewal criteria, a letter of appeal may be submitted. It must be prepared in Word and attached to the transmittal email along with the renewal application. If you are applying for renewal based on merit, or a combination of need and merit, you must have earned a minimum of twelve (12) credit hours per semester for a total of 24 credit hours for the Fall 2017 and the Spring 2018 semesters combined. If your scholarship was based on merit or need/merit, your cumulative GPA must be at least a 3.0 following the end of the Spring semester; if your award was need-based, your cumulative GPA must be at least a 2.0. Hours earned at another institution must be documented with an official transcript sent from that institution to our office. Our address is Multicultural Academic & Support Services, 12715 Pegasus Drive, Orlando, FL 32816.

Direct all inquiries via email to: mass@ucf.edu

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.

_____ Name

_____/_____/_____ Date