

**Melissa Pellegrin Memorial Scholarship Application**  
**Complete application must be received via e-mail ([cahscholarships@ucf.edu](mailto:cahscholarships@ucf.edu)) with all required attachments *no later than March 9, 2018, at 5:00pm EST* with subject line "Pellegrin Scholarship 2018."**

Your package must include this application, your transcripts, and letter with appropriate file conventions and attachments. The Melissa Pellegrin Memorial Scholarship Fund section of the Orlando Chapter STC Web site at (<http://www.stc-orlando.org/education/college/melissa.asp>) contains detailed information about the application package.

**Please provide your name and contact information.**

First name \_\_\_\_\_ Middle initial \_\_\_\_ Last name \_\_\_\_\_  
Street address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip code \_\_\_\_\_  
Home phone \_\_\_\_\_ Work phone \_\_\_\_\_ Ext \_\_\_\_\_  
Cell phone \_\_\_\_\_ Email address \_\_\_\_\_

**Please list the classes you are taking this semester.**

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

**If you are an undergraduate student, please complete the section below.**

Major \_\_\_\_\_ Minor \_\_\_\_\_  
Semester/year you expect to receive undergraduate degree \_\_\_\_\_  
Overall GPA \_\_\_\_\_ GPA in major \_\_\_\_\_ Hours worked per week \_\_\_\_\_  
Place of employment \_\_\_\_\_

**If you are a graduate student, please complete the section below.**

Institution where you received your bachelor's degree \_\_\_\_\_  
Undergraduate major \_\_\_\_\_ Undergraduate minor \_\_\_\_\_  
Semester/year you graduated \_\_\_\_\_ Overall undergraduate GPA \_\_\_\_\_  
Graduate degree program \_\_\_\_\_  
Semester/year you expect to receive graduate degree \_\_\_\_\_ Current graduate GPA \_\_\_\_\_  
Hours worked per week \_\_\_\_\_ Place of employment \_\_\_\_\_

**FINANCIAL INFORMATION**

Have you filed the 2017-2018 FAFSA? Yes \_\_\_\_\_ No \_\_\_\_\_

**NOTE:** Please make sure a FAFSA for 2017/2018 has been completed and filed with the Federal Processor.  
*I understand that completion of this form authorizes the Office of Student Financial Assistance to release information to prospective donors. I have read and understand the criteria for this award in my online application and I meet the qualifications to apply. I understand that if selected for this award, my name and likeness may or will be published.*

Applicant Signature \_\_\_\_\_ Date \_\_\_\_\_

**\*Disclaimer:** Financial aid recipients please note: Awards and scholarships are considered an income resource and must be included in a student's financial aid budget. If a scholarship exceeds your financial aid cost, a reduction in payment of financial aid may occur.