

Date: _____

TO: International Student Services
University Florida International Center

FROM: _____
Name Title Department / College

SUBJECT: LATIN AMERICAN / CARIBBEAN (LAC) AWARD NOTIFICATION

Student Name: _____ **UFID Number:** _____

This is to certify that the above-named student, a citizen of _____

is being awarded a **NON-DUTY** scholarship in the amount of **\$500.00** for the _____

Semester by the **DEPARTMENT OF** _____ in the **COLLEGE OF**

_____.

This scholarship is being funded from either state appropriated funds federal scholarship funds, or from a combination of these funds and equal matching funds from private businesses, private foundations, and public agencies.

The student understands that he or she must enroll on a full-time basis in order to be eligible for classification as a temporary Florida resident for tuition purposes under the Latin American/Caribbean Scholarship Program. Additionally, the student's academic progress will be evaluated annually to determine his or her continued eligibility for the scholarship.

Signature

Date