

**LAC APPLICATION INFORMATION**  
**UNIVERSITY OF FLORIDA COLLEGE OF JOURNALISM AND COMMUNICATIONS**  
**2020-2021 UNDERGRADUATE SCHOLARSHIPS**

**DEADLINE: FEBRUARY 3<sup>RD</sup>, 2020, 4PM IN THE KNIGHT DIVISION, 1060 WEIMER HALL**

Submission of this application places you in consideration for a scholarship offered through the Knight Division in the College of Journalism and Communications, comprised of both state funds and endowed funds. This scholarship is specifically awarded to students eligible for the Latin American and Caribbean Scholarship from the International Center. Please read all items thoroughly, as incomplete or ineligible applications will not be reviewed.

**ELIGIBILITY**

- Have a College of Journalism and Communications major declared as primary major
- Be enrolled full-time at the University of Florida (12 semester hours) when the award becomes effective
- Demonstrated financial need
- Some scholarships are major restricted. A change in major may result in a loss of award.
- 3.0 minimum grade point average (GPA) for most awards, unless otherwise specified
- \*Renewal applicants must submit an updated application and meet all requirements.  
*\*Renewals are not guaranteed.*

**INSTRUCTIONS**

To be considered for this scholarship, please submit the following:

- The attached application, typed or written clearly and neatly in black ink.
- A typed 1 page statement describing why you selected your major, any obstacles you've overcome, and your long term career goals.
- Resume. We recommend a critique prior to submission.
- 1 Letter of recommendation (max of 3 letters accepted). Address to the Knight Division and mail or email to the Knight Division Director at [kgraham@jou.ufl.edu](mailto:kgraham@jou.ufl.edu).
- Completed and signed Determination of Financial Need Form

Submit completed packets to the Knight Division via drop-off, fax, or email (see below)

All applicants will receive an email confirmation of receipt and will be notified by email of the scholarship committee's decisions before April 30, 2020.

For more information or if you have any questions, contact:

University of Florida  
College of Journalism and Communications  
Knight Division  
1060 Weimer Hall  
P.O. Box 118400, Gainesville FL, 32611.  
Phone: (352) 392-0289      Fax: (352)846-2484  
Email: [pwilkerson@jou.ufl.edu](mailto:pwilkerson@jou.ufl.edu)

**For a complete listing of scholarships, please visit [www.jou.ufl.edu/knight](http://www.jou.ufl.edu/knight)**

2020-2021 UNDERGRADUATE LAC SCHOLARSHIP APPLICATION

University of Florida
College of Journalism and Communications
Knight Division for Scholarships, Career Services and Multicultural Affairs
1060 Weimer Hall, P.O. Box 118400, Gainesville FL 32611-8400
Phone (352) 392-0289 Fax: (352) 846-2484

Select One: \_\_\_New Application \_\_\_Renewal Application

Name \_\_\_\_\_ UF Student ID \_\_\_\_\_

Local address \_\_\_\_\_ (\_\_\_\_\_) \_\_\_\_\_
Phone #

City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_

Hometown, State, Country (ex. Caracas, Distrito Federal, Venezuela) \_\_\_\_\_

UFL Email address \_\_\_\_\_
(All notifications will be sent to this address)

This Box Is For Renewals Only:
What is the name of CJC scholarship you currently have for the 2019-20 year?
Will your major change for the Fall 2020 or Spring 2021 semesters? \_\_\_ No \_\_\_ Yes

- 1. What is your present (or intended) major beginning Fall 2020? (check one)
\_\_\_Advertising \_\_\_ Journalism \_\_\_ Public Relations \_\_\_ Telecommunication
2. Expected graduation date: \_\_\_\_\_ 5. Gender: \_\_\_Male \_\_\_Female
3. Birth date \_\_\_/\_\_\_/\_\_\_ Are you a U.S. Citizen or Resident Alien? Yes \_\_\_ No\_\_\_
4. Race: White/Non-Hispanic\_\_\_ Black/African American\_\_\_ International\_\_\_
Hispanic American\_\_\_ Asian/Pacific Islander American \_\_\_ Native American\_\_\_
5. Personal Status: Single\_\_\_ Married\_\_\_ Divorced\_\_\_ Parent\_\_\_
6. Circle Program Affiliation: AIM Innovation Academy MFOS First Generation PACE
7. Registered with the Disability Resource Center? No Yes (attach accommodations letter)

**8. Select career areas of interest. Check only those that apply:**

- |   |   |  |
|---|---|--|
| <input type="checkbox"/> Editing                  | <input type="checkbox"/> Digital Media                  | <input type="checkbox"/> Sports Broadcasting |
| <input type="checkbox"/> Magazine                 | <input type="checkbox"/> Social Media                   | <input type="checkbox"/> Radio               |
| <input type="checkbox"/> Reporting                | <input type="checkbox"/> Data Analytics                 | <input type="checkbox"/> Production          |
| <input type="checkbox"/> News                     | <input type="checkbox"/> Media Ethics/ Diversity        | <input type="checkbox"/> Telecom Management  |
| <input type="checkbox"/> Environmental Journalism | <input type="checkbox"/> Public Relations               | <input type="checkbox"/> Copywriting         |
| <input type="checkbox"/> Political Journalism     | <input type="checkbox"/> Health Care/ Public Health     | <input type="checkbox"/> Graphics/Design     |
| <input type="checkbox"/> Newspaper                | <input type="checkbox"/> Non-Profit Organizations       | <input type="checkbox"/> Creative Writing    |
| <input type="checkbox"/> Newspaper Advertising    | <input type="checkbox"/> Public Interest Communications | <input type="checkbox"/> Advertising Sales   |

**This box is for students applying directly from high school or another college/university**

High School (If Freshman): \_\_\_\_\_

College/University (If Transfer): \_\_\_\_\_

City/State \_\_\_\_\_

**FINANCIAL RESOURCES**

Financial need is a requirement for the CJC LAC Scholarship. Complete a need statement disclosing any information regarding your financial need status or extenuating circumstances and the attached Financial Determination form. (State below or attach statement)

**9. Do you have financial need for this scholarship?** Yes \_\_\_ No \_\_\_

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I hereby affirm that I have read and understand all of the requirements for eligibility of the College of Journalism and Communications Scholarship as outlined on the header page. In addition, I affirm that all statements made on this application are true and authorize verification of such information. I affirm that any funds received under this award will be used only for expenses related to my enrollment at the University of Florida. I understand that any false statements may result in the cancellation of any scholarships/assistantships I may receive.

Signed: \_\_\_\_\_ Date \_\_\_\_\_

**For Admin Use Only:**

GPA \_\_\_\_\_ Awarded: Y or N      Award: \_\_\_\_\_

Fund # \_\_\_\_\_ Amount \_\_\_\_\_ Date \_\_\_\_\_

College of Journalism and Communications  
Office for Undergraduate Affairs

**FINANCIAL NEED TEST FOR SCHOLARSHIP CONSIDERATION**

Undergraduate students must apply for federal financial aid on the Free Application for Federal Student Aid (FAFSA) to determine if they meet the financial need criteria as established by the University of Florida for a need-based scholarship. Graduate students are not required to use the FAFSA to determine financial need, but a needs test of some sort must be used by the department if the FAFSA is not used. All international students (whether undergraduate or graduate) must be evaluated by use of a needs test as they are ineligible to apply for aid on the FAFSA. If you have questions or need assistance, please submit your inquiries to [sfa-sis@mail.ufl.edu](mailto:sfa-sis@mail.ufl.edu).

Name: \_\_\_\_\_ UFID# \_\_\_\_\_

Email: \_\_\_\_\_ Phone # \_\_\_\_\_

**Please provide a list of your expenses for the academic year:**

Tuition/Fees	\$ _____	
Books/Supplies	\$ _____	
Rent/Utilities	\$ _____	
Food	\$ _____	
Transportation	\$ _____	
Computer/Cell Phone	\$ _____	
Personal	\$ _____	
Miscellaneous (please list)		
_____	\$ _____	
_____	\$ _____	
		<b>Total Expenses \$ _____</b>

**Please provide a list of your financial resources for the academic year:**

Work	\$ _____	
Assistantship	\$ _____	
Fellowship	\$ _____	
Tuition and/or Fee Waivers	\$ _____	
Spouse Work	\$ _____	
Savings	\$ _____	
Family	\$ _____	
Government Sponsorship	\$ _____	
Scholarships (total)	\$ _____	
Grants (total)	\$ _____	
Student Loans	\$ _____	
Other Resources (please list)		
_____	\$ _____	
_____	\$ _____	
		<b>Total Income \$ _____</b>

Please explain unusual or extenuating circumstances on a separate page.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_