COLLEGE OF EDUCATION
DR. KENNETH E. “PETE” FISHER ENDOWED SCHOLARSHIP

Applicants must be admitted to, enrolled in, or accepted as a student in the Ph.D. in Education-Counselor Education and Supervision program at UCF.

Criteria:

• Applicants, and subsequently recipients, must demonstrate outstanding academic performance expected at the graduate studies level. A grade point average of 3.0 must be held by applicants who are undergraduate students, and 3.5 GPA by applicants who are graduate students. Recipients of the scholarship must maintain a 3.5 GPA in their graduate studies. Applicants must be enrolled as full time students.

• Recipients must be individuals of outstanding character and dedication to the profession of Counselor Education, as detailed in three letters of recommendation accompanying the application for scholarship

• Recipients must demonstrate strong community or university service.

• Recipients must have competed at least 18 credit hours.

The scholarship may be awarded to the same student in successive semesters until graduation provided that the funds are available and the recipient maintains the above criteria.

Deadline: Applications must be received by March 11, 2013

Amount: Varies
College of Education
Dr. Kenneth E. “Pete” Fisher Endowed Scholarship

PERSONAL INFORMATION – Please print clearly
Name: _______________________________________
PID: __________________ Date: _______________

E-mail address: ____________________________________________________________

Address: ____________________________________________________________________________

_____________________________________________________________________________________

Phone: ( ) __________________

I am presently enrolled in or accepted as a graduate degree seeking student in the Counselor Education
program at the College of Education: Yes ____ No ____

Major at UCF, if declared: __________________________________________

Anticipated graduation date from doctoral degree program at UCF: ________________

EDUCATIONAL BACKGROUND
Name of previously attended colleges/universities: ____________________________________________

_____________________________________________________________________________________

APPLICATION
Applicants shall submit, in addition to this form, a letter of application addressed to the Scholarship Committee
at the address given below, in which is included a statement of their reasons for pursuing a degree in counseling
and why they are personally qualified, as opposed to academically qualified. The letter may also address the
applicant’s professional accomplishments in the field of counseling.

REFERENCES AND TRANSCRIPT
Please attach three letters of reference or recommendation and a transcript of grades for graduate studies.

Incomplete applications are not accepted. We appreciate your understanding that due to the high volume of
applications, only those selected for scholarships will be notified.

I certify that the data provided in this scholarship application is true and accurate as of the date signed. By signing
this form I give permission to the UCF College of Education and the UCF Office of Student Financial Assistance to
release information contained in the application, as well as my grades while receiving scholarship, to prospective
and active donors.

_________________________    _________
Student Signature          Date

RETURN THIS APPLICATION TO:
Scholarship Committee
Office of the Dean
UCF College of Education
PO Box 161250
Orlando, FL 32816-1250

DEADLINE: Must be received by March 11, 2013