



UNIVERSITY OF  
SOUTH FLORIDA  
ST. PETERSBURG

### USF St. Petersburg Book Award Application

#### Information:

First Name:	<input type="text"/>	Last Name:	<input type="text"/>
U Number:	<input type="text"/>	Employee ID:	<input type="text"/>
Job Title:	<input type="text"/>	Supervisor:	<input type="text"/>
Department:	<input type="text"/>	Hours Worked Per Week:	<input type="text"/>
Department Address:	<input type="text"/>	Department Phone:	<input type="text"/>
Last Evaluation Rating:	<input type="text"/>		

#### Academic Information:

Current GPA:	<input type="text"/>	Major:	<input type="text"/>	#Enrolled Hours this semester:	<input type="text"/>
Please check:	Undergraduate:	<input type="checkbox"/>	Graduate:	<input type="checkbox"/>	

By signing this application, you give permission to the appropriate staff of USF St. Petersburg Office of Records and Registration to view your student records in order to verify your eligibility for this award.

I certify that the statements contained in this application are true and any fraudulent information will result in disqualification.

IRS Regulations 1.132-6(c) state that gift cards must be included in the gross income of the recipient. I understand that the \$100 gift card will be added to my taxable wages.

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Signature:

Date:

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