U & I CLUB SCHOLARSHIP APPLICATION

THOSE STUDENTS ELIGIGBLE FOR THE SCHOLARSHIP MUST:

1. BE ACCEPTED AT AN ACCREDITED COLLEGE/UNIVERSITY IN A 2 OR 4 YEAR PROGRAM BY MAY 1ST OF THE YEAR OF HIGH SCHOOL GRADUATION. ATTACH YOUR ACCEPTANCE LETTER TO APPLICATION.
2. MUST SUBMIT A COPY OF THE STUDENT AID REPORT (SAR) FROM THE FAFSA FILING INDICATING THE EXPECTED FAMILY CONTRIBUTION (EFC) TO THE APPLICANT'S COST OF EDUCATION.
3. STUDENT MUST BE AN AMERICAN CITIZEN AND LOCAL RESIDENT
4. OPTIONAL – ATTACH NO MORE THAN THREE RECOMMENDATION LETTERS

PROVIDE INFORMATION REQUESTED BELOW:
PERSONAL INFORMATION
NAME_____ SOCIAL SERCURITY NO. _____

ADDRESS _____

PHONE # _____ DATE OF BIRTH _____

NAME OF PARENTS OR GUARDIAN_____

FATHER'S EMPLOYMENT_____

MOTHER'S EMPLOYMENT _____

COMBINED INCOME _____

FAMILY INFORMATION: NUMBER OF SIBLINGS, AGES, AND EDUCATION. (LIST ANY FAMILY MEMBERS PRESENTLY ATTENDING COLLEGE)_____

_____

_____

WRITTEN SUMMARY OF PROPSED ARE OF STUDY, EDUCATION AND CAREER PLANS:_____

_____

_____

_____

_____

LIST INVOLVEMENTS IN FAMILY, SCHOOL AND COMMUNITY AFFAIRS OR PROJECTS: _____

_____

_____

_____

HAVE YOU APPLIED FOR ANY OTHER FORM OF FINANCIAL AID? EXPLAIN HOW YOU KNEW ABOUT THE SCHOLARSHIPS. _____

_____

_____

LIST SEVENTH SEMESTER GPA (APPLICANT MUST HAVE AT LEAST A 3.2 GPA) _____

LIST THREE PEOPLE WHO COULD BE CONTACTED ABOUT YOUR CHARACTER AND ABILITIES. PROVIDE NAME AND PHONE NUMBER AT A MINIMUM.

1. _____

2. _____

3. _____

PERMISSION TO RELEASE INFORMATION PERTINENT TO THE GRANTING OF THIS SCHOLARSHIP

_____ _____

STUDENT'S SIGNATURE PARENT'S SIGNATURE (IF STUDENT IS NOT 18)

Note: School personnel may be asked to provide input on final scholarship selection.