



THE ORDER OF
UNITED
COMMERCIAL
TRAVELERS
OF AMERICA

UCT Scholarship Program Application

Home Office:

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(614) 487-9680 • Toll-free: (800) 848-0123 • Fax: (614) 487-9688 • www.uct.org

File No. (OFFICE USE) _____

PLEASE PRINT OR TYPE ALL INFORMATION

1. Name: _____ Date: _____
(LAST) (FIRST) (MIDDLE INITIAL)
2. Mailing Address: _____
(STREET ADDRESS) (CITY) (STATE/PROV.) (ZIP/POSTAL CODE)
- Permanent Address: _____
(STREET ADDRESS) (CITY) (STATE/PROV.) (ZIP/POSTAL CODE)
3. Social Security or Federal I.D. No.: _____ 4. Marital Status: _____ 5. Birth Date: _____
6. Phone No. Home: (_____) _____ Work: (_____) _____
7. E-mail address: _____ 8. Male Female
9. Are you a: Buyer Renter Boarder of your home? 10. Number of Dependent Children: _____
11. Your Total Yearly Income: \$ _____ 12. Your Household's Total Yearly Income: \$ _____
13. Year of graduation or GED: _____
 Name and Location of High School: _____
14. Colleges/Universities Attended and Degrees Received:
- | FROM | TO | NAME & LOCATION OF INSTITUTION | DEGREE | MAJOR/MINOR |
|------|----|--------------------------------|--------|-------------|
| | | | | |
| | | | | |
| | | | | |
15. Current College Status: Sophomore Junior Senior Graduate Other: _____
16. Prior Employment in a Field Related Position:
- | FROM | TO | NAME & ADDRESS OF EMPLOYER IN A FIELD RELATED POSITION | TYPE OF WORK |
|------|----|--|--------------|
| | | | |
| | | | |
17. Name and Address of Current Employer: _____
18. What is Your Current Job Title: _____
19. Indicate the types of students you are currently teaching: (check the appropriate box):
 *People with Intellectual Disabilities: Mild Moderate Profound Severe Not Teaching
 Other (please explain): _____
20. Length of Contract: _____ 21. Hours Worked Per Week: _____
22. Indicate the types of students you will be teaching in the future: (check the appropriate box):
 *People with Intellectual Disabilities: Mild Moderate Profound Severe Not Teaching
 Other (please explain): _____

23. Name and Address of College/University Where Scholarship will be used: _____

***The term "intellectual disabilities" pertains to people with mental retardation. It does not include individuals with learning or developmental disabilities or those who are visually or hearing impaired.**

24. Please List the Courses to be Taken: _____

25. Terms for which you are requesting assistance:

TERM/YEAR	DATES: FROM/TO	SEMESTER OR QUARTER HOURS	COST PER HOUR	TUITION	BOOKS	REGISTRATION FEE	TOTAL COST PER TERM
WINTER 20____			\$	\$	\$	\$	\$
SPRING 20____			\$	\$	\$	\$	\$
SUMMER 20____			\$	\$	\$	\$	\$
FALL 20____			\$	\$	\$	\$	\$

Total Assistance Requested \$ _____

Deduct Assistance From Line 28 \$ _____

Net Assistance Requested \$ _____

NOTE: Our scholarships cover only tuition, textbooks and registration fees.

26. Have you requested a scholarship application from UCT before? Yes No

27. Have you received assistance from UCT before? Yes No If "Yes," when? _____

28. Are you receiving assistance from any other source? Yes No If "Yes," from whom and what amount?

29. Who recommended you for this scholarship? _____ Are they members of UCT? Yes No

30. When do you expect to receive your degree or complete your special training? _____

31. What degree or special certification will be attained? _____

32. State the type of students you desire to teach and why? _____

33. State your specific goals and other information you feel is pertinent: _____

If this is your first UCT Scholarship Program application, please make sure to include a brief résumé of work experience or course work completed. Your application cannot be processed without it.

Applicant's Signature

Date