



# UCT Scholarship Program Application

The Order of United Commercial Travelers of America • A Fraternal Benefit Society  
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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 high school 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: \_\_\_\_\_  
 Name and location of institution. If 2 year program - you must be in second year to apply.
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): \_\_\_\_\_

**\*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.**

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

24. Please list the courses to be taken:

COURSE NUMBER	COURSE NAME
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1. \_\_\_\_\_

2. \_\_\_\_\_

3. \_\_\_\_\_

4. \_\_\_\_\_

5. \_\_\_\_\_

25. Terms for which you are requesting assistance:

TERM/YEAR	DATES: FROM/TO	HOURS	COST PER HOUR	TUITION	BOOKS	REGISTRATION FEES	COST PER TERM
_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

TOTAL CHARGES: \$ \_\_\_\_\_

DEDUCT ASSISTANCE FROM LINE 28: - \$ \_\_\_\_\_

NET ASSISTANCE REQUESTED: \$ \_\_\_\_\_

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: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**Please make sure to include a brief résumé of work experience and course work completed. YOUR APPLICATION CANNOT BE PROCESSED WITHOUT IT. DEADLINE IS NOV. 15.**

\_\_\_\_\_  
**Applicant's Signature**

\_\_\_\_\_  
**Date**