UCT Heaston Scholarship Guidelines

The Order of United Commercial Travelers of America • A Fraternal Benefit Society
1801 Watermark Drive, Suite 100, P.O. Box 159019, Columbus, Ohio 43215-8619
Tel: 614.487.9680 • Toll-free: 800.848.0123 • Fax: 614.487.9675 • www.uct.org

UCT Heaston Scholarship Criteria

The UCT Heaston scholarships will be given to three deserving students annually, each covering four years of undergraduate education. The winners will demonstrate:

• Evidence of hard work to overcome obstacles
• Academic success and extracurricular success in high school
• Commitment to community service

The UCT Heaston Scholarships will be awarded to students with the equivalent of high school senior status. Students must be enrolled and entering a college program in the coming academic year.

All funds disbursed are to be used for school-related expenses. Funds will be sent to the university/college.

Applications must be RECEIVED (not postmarked) at the UCT office by March 15.

Scholarship awards will be announced after May 1. We will notify you. No phone calls please.

NOTES:

• Since this is not a need-based scholarship, we will use the personal narrative, especially the “overcoming obstacles” portion, as the tie-breaker for equally qualified candidates.
• Use one application for all three awards - the committee will determine which amount/named scholarship to award based on applications.
• Require annual proof of enrollment before disbursement of award every year.

UCT Heaston Scholarship Application Submission

Application must include required documents and be RECEIVED (not postmarked) at the UCT home office by March 15. Application packets are not returned.

Required Documentation
An application is considered "complete" only if it is accompanied by the following documents. Incomplete applications will not be considered:

1. Personal Narrative
A written statement - two pages maximum.
• A major criterion for this scholarship is evidence of hard work and overcoming obstacles to achieve your goals. Please discuss your academic career and extracurricular activities and provide examples of hard work, challenges you had to face, and persistence in the face of adversity. Additionally, please provide information on your commitment to community service.

2. Letters of Recommendation
Each applicant must submit three letters of recommendation: high school principal, recommending teacher or guidance counselor, and representative of a community service program with which you have been active.

Address the following:
• Reference's relationship to applicant
• Applicant's strengths and weaknesses
• Length of time acquainted with applicant
• Examples that elaborate on the applicant's commitment to the community, academic achievements, and evidence of a strong work ethic

3. Official Transcript(s) from Every High School Attended
The applicant must have an official transcript prepared and sent by the issuing school with an original signature of a school official or a notary seal/stamp on the school letterhead. The envelope must be sealed by the school.

4. College Acceptance Letter
To be submitted upon receipt from the university/college.

Mail or deliver your completed application with all required documents to:

UCT Heaston Scholarship Program
1801 Watermark Drive, Suite 100
Columbus, Ohio 43215-8619

Toll-free: 800.848.0123 x1100
Fax: 614.487.9675
UCT Heaston Scholarship Application

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PLEASE PRINT OR TYPE ALL INFORMATION

1. Name: ___________________________ ___________________________ ___________________________ ___________________________ ___________________________
   (LAST) (FIRST) (MIDDLE INITIAL)

2. Address: ___________________________ ___________________________ ___________________________ ___________________________ ___________________________
   (STREET) (CITY) (STATE/PROV.) (ZIP/POSTAL CODE)


4. U.S. or Canadian Resident: ☐ Yes ☐ No

5. Birth Date: _______ / _______ / _______

6. ☐ Male ☐ Female

7. Phone: (__________) ___________________________

8. E-mail: ___________________________

Household Information

9. Number of children in household under 18 years of age: _____ Annual Household Income: $ ___________

10. Parent/Guardian Name: ___________________________

11. Address: ___________________________ ___________________________ ___________________________ ___________________________ ___________________________
    (STREET) (CITY) (STATE/PROV.) (ZIP/POSTAL CODE)

12. Phone: (__________) ___________________________

13. E-mail: ___________________________

14. Parent/Guardian Name: ___________________________

15. Address: ___________________________ ___________________________ ___________________________ ___________________________ ___________________________
    (STREET) (CITY) (STATE/PROV.) (ZIP/POSTAL CODE)

16. Phone: (__________) ___________________________

17. E-mail: ___________________________

High School

18. Current high school attending: ___________________________

19. List any other high school attended: ___________________________

20. Principal: ___________________________

21. Contact Information: ___________________________

22. Recommending teacher or guidance counselor: ___________________________

23. Contact Information: ___________________________

24. GPA: ____________

25. List any academic honors you have received: ___________________________
    ___________________________
    ___________________________

26. List extra curricular activities: ___________________________
    ___________________________
    ___________________________
University/College

27. College Attending: ________________________________________________

(Confirmation of college acceptance to be submitted upon receipt)

28. Major/Degree Program: __________________________________________

29. Work Experience: ________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

30. Leadership Experiences, Volunteer, Community Service Activities: ________________________________________________

____________________________________________________________________

____________________________________________________________________

____________________________________________________________________

I certify that the information given on this application is true. I understand that any change in residency, school or enrollment status not consistent with the guidelines of the Program may disqualify my scholarship award. I authorize my application materials and information to be used in whatever manner is deemed necessary by UCT and the UCT Heaston Scholarship. My signature below verifies I have read and accept these conditions.

Applicant's Signature: ________________________________________________ Date: __________________________

We have reviewed this application and believe the information provided is accurate.

Parent/Guardian Signature: ________________________________ Date: __________________________

Parent/Guardian Signature: ________________________________ Date: __________________________

In order to be considered for this scholarship all 30 questions must be completed and signed by applicant and parent/guardian.

OFFICE USE ONLY

Date Application Received: ____________________________.

_____Complete   _____Incomplete