



UCT Scholarship Program Application

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
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File No. (OFFICE USE) _____

PLEASE PRINT OR TYPE ALL INFORMATION. PLEASE CAREFULLY READ ALL THE ATTACHED GUIDELINES FOR COMPLETING THIS APPLICATION.

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:		DEGREE	MAJOR/MINOR
FROM	TO	NAMES & LOCATION OF INSTITUTION	
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

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:		TYPE OF WORK
FROM	TO	NAMES & ADDRESS OF EMPLOYER IN A FIELD RELATED POSITION
_____	_____	_____
_____	_____	_____
_____	_____	_____

17. Name and Address of Current Employer: _____

18. What is your current job title?: _____

19. Indicate the type 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 type 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

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 the 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