

File No. (OFFICE USE) \_\_\_\_\_

**PLEASE PRINT OR TYPE ALL INFORMATION. PLEASE CAREFULLY READ ALL THE ATTACHED GUIDELINES FOR COMPLETING THIS APPLICATION. IF THE APPLICATION IS INCOMPLETE, IT WILL NOT BE PROCESSED FOR REVIEW.**

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. Marital Status: \_\_\_\_\_ 4. Birth Date: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_ 5.  Male  Female  
(MONTH) (DAY) (YEAR)

6. Phone No. Home: (\_\_\_\_\_) \_\_\_\_\_ Work: (\_\_\_\_\_) \_\_\_\_\_

7. E-mail address: \_\_\_\_\_

8. Are you a:  Buyer  Renter  Boarder of your home? 9. Number of Dependent Children: \_\_\_\_\_

10. Your Total Yearly Income: \$ \_\_\_\_\_ 11. Your Household's Total Yearly Income: \$ \_\_\_\_\_

12. Year of high school graduation or GED: \_\_\_\_\_

Name and Location of High School: \_\_\_\_\_

13. Colleges/Universities Attended and Degrees Received:

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

14. Current College Status:  Junior  Senior  Graduate  Other: \_\_\_\_\_

15. Prior Employment in a Field Related Position:

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

16. Name and Address of Current Employer: \_\_\_\_\_

17. What is your current job title?: \_\_\_\_\_

18. 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): \_\_\_\_\_

19. Length of Contract: \_\_\_\_\_ 20. Hours Worked Per Week: \_\_\_\_\_

21. 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): \_\_\_\_\_

\* Intellectual Disabilities does NOT include individuals with learning or developmental disabilities or those who are visually or hearing impaired.

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

23. Please list the courses to be taken:

COURSE NUMBER      COURSE NAME

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_

24. 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:** \$ \_\_\_\_\_

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

26. Have you received assistance from UCT before?  Yes  No If "Yes," when? \_\_\_\_\_

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

28. Who recommended you for this scholarship? \_\_\_\_\_ Are they members of UCT?  Yes  No

29. When do you expect to receive your degree or complete your special training? \_\_\_\_\_

30. What degree or special certification will be attained? \_\_\_\_\_

31. State the type of students you desire to teach and why? \_\_\_\_\_

32. 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:** \_\_\_\_\_