



UCT Charities Scholarship Program Application

UCT Charities, P.O. Box 71, Galloway, OH 43119
Tel: (866) 458-2862, ext. 808 • Email: dvanorder@uctnorthamerica.org

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. Address: _____
(STREET) (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: _____
(AREA CODE) (AREA CODE)

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 27: - \$ _____

Net Assistance Requested: \$ _____

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

26. Have you received assistance from UCT Charities 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 UCTNA? 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:** _____