

The Order of
United Commercial Travelers of America

May E. Tisdale Educational Scholarship Fund

Scholarship Application

Date of Request: _____

PERSONAL DATA

NAME: _____

PRESENT ADDRESS: _____
Street City State Zip

PERMANENT ADDRESS: _____
Street City State Zip

TELEPHONE NUMBER (Where you can be reached):() Email Address: _____

DATE OF BIRTH: _____ MALE: _____ Female: _____

SPONSOR DATA

NAME OF SPONSOR: _____ RELATIONSHIP: _____

UCT CERTIFICATE NO: _____ JURISDICTION: _____

PRESENT ADDRESS: _____
Street City State Zip

ACADEMIC DATA

NAME OF COLLEGE/VOCATIONAL TECHNICAL PLANNING TO ATTEND: _____ *

***VERIFICATION OF ACCEPTANCE FOR THE FIRST YEAR IS REQUIRED

ADDRESS: _____

YEAR OF STUDY FOR WHICH YOU ARE APPLYING: CIRCLE ONE 1. FRESHMAN 2. SOPHOMORE 3. JUNIOR 4. SENIOR

MAJOR FIELD OF STUDY: _____

AWARDS RECEIVED

SPECIAL AWARD -ACADEMIC/SPORT: _____

COMMUNITY ACTIVITIES/VOLUNTEER: _____

FINANCIAL

FATHER'S ANNUAL INCOME BEFORE TAXES: _____

MOTHER'S ANNUAL INCOME BEFORE TAXES: _____

APPLICANT'S ANNUAL INCOME BEFORE TAXES: _____

OTHER INCOME WITHIN THE HOUSEHOLD NOT INCLUDED ABOVE: _____
(SUCH AS SOCIAL ASSISTANCE OR SOCIAL SECURITY)

SCHOLARSHIPS RECEIVING FOR YEAR IN WHICH YOU ARE APPLYING: _____

OTHER

NAMES/AGES - MINOR CHILDREN LIVING AT HOME: _____

NAMES/AGES - UNMARRIED SIBLINGS IN COLLEGE: _____

REGULATIONS & REQUIREMENTS

1. Fully completed applications to be received by June 15th at the following address:
Sandra Stough , P O. Box 429, Dillsburg, PA 17019 - Telephone: (717) 802-2527
2. Scholarships are available to College students in undergraduate studies.
3. Married applicants not accepted.
4. **A CLEAR AND DEFINITE NEED FOR ASSISTANCE MUST BE SHOWN**

Photograph must accompany application:

ATTACH PHOTO HERE

Signature of Applicant

Signature of Parent/Sponsor