



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, OH 43215-8619
Tel: 614.487.9680 • Toll-free: 800.848.0123 • Fax: 614.487.9688 • www.uct.org

File No. (OFFICE USE) _____

PLEASE PRINT OR TYPE ALL INFORMATION

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 graduation or GED: _____
 Name and Location of High School: _____
14. Colleges/Universities Attended and Degrees Received:
- | FROM | TO | NAME & LOCATION OF INSTITUTION | DEGREE | MAJOR/MINOR |
|-------|-------|--------------------------------|--------|-------------|
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ | _____ |
15. Current College Status: Sophomore Junior Senior Graduate Other: _____
16. Prior Employment in a Field Related Position:
- | FROM | TO | NAME & ADDRESS OF EMPLOYER IN A FIELD RELATED POSITION | TYPE OF WORK |
|-------|-------|--|--------------|
| _____ | _____ | _____ | _____ |
| _____ | _____ | _____ | _____ |
17. Name and Address of Current Employer: _____
18. What is Your Current Job Title: _____
19. Indicate the types 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 types 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
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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 your specific goals and other information you feel is pertinent: _____

If this is your first UCT Scholarship Program application, 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