

Note to Applicant: Fill in each blank with the information requested. Use N/A if not applicable to you.  
**IF YOU NEED ADDITIONAL SPACE, ATTACH ADDITIONAL SHEETS, NUMBER AND INCLUDE NAME OF TOP OF EACH PAGE.**

Date of Application \_\_\_\_\_

PERSONAL INFORMATION

Student's Full Name \_\_\_\_\_  
Birth Date \_\_\_\_\_ Social Security Number \_\_\_\_\_  
Home Phone \_\_\_\_\_ Cell Phone \_\_\_\_\_  
Email \_\_\_\_\_  
Permanent Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
High School Attended \_\_\_\_\_  
City \_\_\_\_\_  
Graduation Date \_\_\_\_\_  
Class Rank \_\_\_\_\_ Of \_\_\_\_\_  
Name of Principal \_\_\_\_\_  
Name of Counselor \_\_\_\_\_  
Name of Sponsor \_\_\_\_\_  
Circle Relationship of Sponsor    Parent                      Grandparent                      Legal Guardian  
Sponsor's Home Address \_\_\_\_\_  
City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Sponsor's Location of Service as PM or Manager \_\_\_\_\_  
Is Sponsor a Member of UPMA?    Yes \_\_\_\_\_ No \_\_\_\_\_

FATHER/GUARDIAN

Name \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Name of Employer \_\_\_\_\_

MOTHER/GUARDIAN

Name \_\_\_\_\_  
Home Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_  
Name of Employer \_\_\_\_\_

SIBLINGS

Number of children in family receiving support from parents or guardian \_\_\_\_\_

Number of children in family, if any, presently attending college \_\_\_\_\_

List any scholarships, grants, loans, or other sources of income you will be receiving while attending school. FAILURE TO DISCLOSE ANY AND ALL SOURCES OF FUNDS WILL RESULT IN FORFEITURE OF THIS SCHOLARSHIP AWARD AND RESTITUTUIN WILL BE DEMANDED.

Scholarships \_\_\_\_\_

\_\_\_\_\_

Grants

\_\_\_\_\_

Loans

\_\_\_\_\_

Gifts

\_\_\_\_\_

Other

\_\_\_\_\_

WORK RECORD

Place of Employment

Hours Worked Per Week

Employment Dates

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Reasons you may have not been employed \_\_\_\_\_

\_\_\_\_\_

Do You Plan to Work Part-Time During College? \_\_\_\_\_

Name of the Institution you are planning to attend and Mailing Address of the College, University, or Trade School You Plan to Attend

Have You Applied for Admission? \_\_\_\_\_

Have You Been Accepted? \_\_\_\_\_

Approximate Cost of Tuition for Academic Year: \_\_\_\_\_

Date of SAT:            Score:    Math \_\_\_\_\_    Verbal \_\_\_\_\_    Total \_\_\_\_\_

Date of ACT:            Score:    Math \_\_\_\_\_    Verbal \_\_\_\_\_    Total \_\_\_\_\_

In Your Own Handwriting with a Black or Blue Ink Pen, Please Tell Us Who or What Influenced You the Most in Deciding to Obtain Your College Education.

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Please Furnish the Name and Address of Your Local Newspaper:

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Good character, scholarship achievement, leadership qualities and the ability to follow instructions are the criteria by which your application will be judged with some consideration for financial need. Only students of outstanding merit, who show an appreciation of the value of education, and who are willing to struggle to achieve success will be considered for this award. While elaborate presentation is unnecessary, careless presentation will handicap the applicant.

The applicant **MUST SUBMIT AN OFFICIAL COPY OF THEIR SCHOOL TRANSCRIPT.** A letter of recommendation from a responsible person (must not be a relative of the applicant) who has the opportunity to observe the qualities which make the applicant a worth candidate must accompany the application.

**ADDITIONAL REQUIREMENTS**

**Briefly List All on a Separate Page:**

SCHOLASTIC

EXTRA CURRICULAR

CIVIC ACTIVITIES

INCLUDE AWARDS AND HONORS

