



University of Maryland University College

2009-2010 Scholarship Application

**Priority Date:
June 1, 2009**

Last Name:		First Name:		Middle Initial:	
Address:				City:	
State:	Zip:	Student ID No:	Daytime Phone No: () -		
Email Address:			Gender:	<input type="checkbox"/> Male	<input type="checkbox"/> Female
<input type="checkbox"/> Undergraduate		<input type="checkbox"/> Graduate		<input type="checkbox"/> Certificate Program	
Program of Study (e.g., Accounting):					

Please check your Home Campus:

<input type="checkbox"/> Adelphi	<input type="checkbox"/> Europe	<input type="checkbox"/> Asia
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Please Check Affiliation:

<input type="checkbox"/> Civilian	<input type="checkbox"/> Air Force	<input type="checkbox"/> Army	<input type="checkbox"/> Navy	<input type="checkbox"/> Marine Corps	<input type="checkbox"/> Reservist	<input type="checkbox"/> National Guard	<input type="checkbox"/> Coast Guard
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Please check all that apply:

<input type="checkbox"/> Currently employed by a Maryland Minority Business Enterprise	<input type="checkbox"/> In career transition	<input type="checkbox"/> Awarded Purple Heart since August 2000
<input type="checkbox"/> Economically disadvantaged family background	<input type="checkbox"/> Member of Phi Theta Kappa	<input type="checkbox"/> Child or Spouse of Vietnam-era veteran
<input type="checkbox"/> Enlisted personnel or their dependents	<input type="checkbox"/> Resident of Montgomery County and Enrolled on-site at Shady Grove campus during 2009-2010	<input type="checkbox"/> Have illness related to active-duty military or the spouse or dependent of that military personnel
<input type="checkbox"/> First in your family to attend college	<input type="checkbox"/> Resident of Southern Maryland	<input type="checkbox"/> Honorably discharged veteran
<input type="checkbox"/> Former collegiate athlete or dependant of former collegiate athlete	<input type="checkbox"/> Single Parent	<input type="checkbox"/> Immediate family member of a law enforcement person who died during active duty
<input type="checkbox"/> German Descent	<input type="checkbox"/> Sustain financial difficulty due to death or disability of a financial supporter	<input type="checkbox"/> Spouse/Dependant of active-duty military
<input type="checkbox"/> Graduate of PG County or DC High School	<input type="checkbox"/> Active-duty military	<input type="checkbox"/> Spouse of Vietnam-era veteran's child
<input type="checkbox"/> Transition from Active Duty to Civilian Life	<input type="checkbox"/> Transferred from a Community College	

Transition from Active Duty to Civilian Life

Transferred from a Community College

Personal Statement:

Please attach a one page essay briefly explaining your reasons for submitting this application. Please put your name and student identification number on your essay and staple it to the scholarship application form. Within your essay, we would like you to discuss the specific topics below:

1. Your personal circumstances or special needs for the scholarship.
2. Your academic and career goals.
3. Your current employment and its relationship to your future plans.
4. Your leadership roles in any community involvement activities.

If you do not submit your essay with the scholarship application, your application will be incomplete and it will not be processed.

Additional Requirements:

1. File the 2009-2010 Free Application for Federal Student Aid (FAFSA) – **All Students**
2. Complete the Military and Civilian Untaxed Income Worksheet – **Europe and Asia Students Only**

Certification – To Be Signed by all Applicants

I affirm that the information provided on this application and any additional documentation submitted is accurate and true to the best of my knowledge. I hereby authorize the University of Maryland University College, as required by the Family Education Rights and Privacy Act (FERPA), to release any information necessary to aid in the determination of my scholarship eligibility. I give UMUC the permission to provide at the donors' request, any official or unofficial documents related to my scholarship eligibility or academic status. If I am selected as a scholarship recipient, I understand that I must provide a thank you letter to the donor. I also understand that if I provide false information, UMUC reserves the right to revoke my scholarship and also pursue disciplinary action. All scholarships are subject to the availability of funds. I also acknowledge that I am not receiving USM remission of fees.

(Signature of Applicant)

(Date)

Please mail or fax this application to your current home campus:

Adelphi Campus (Stateside):

Financial Aid Office
University of Maryland University College
3501 University Boulevard East
Adelphi, MD 20783-8078
Fax: (301) 985 – 7462

Asia Campus:

Financial Aid Office
University of Maryland University College Asia
Unit 5060 Box 0100
APO AP 96328-0100
Local Fax: 042-551-8305 International Fax: +81-425-51-8305
DSN Fax: 225-8485

Europe Campus:

Financial Aid Office
University of Maryland University College Europe
Unit 29216
APO AE 09102

Fax: (Civ.) +49(0)321 278208 (DSN) 214 270 8008