



**2017-2018 Application for Scholarship Opportunities**

Please complete and return to:  
Utica College, Student Financial Services  
1600 Burrstone Road, Utica, New York 13502  
Fax: 315-792-3368 • Email: [sfs@utica.edu](mailto:sfs@utica.edu)

This application does not guarantee a scholarship award. Scholarship funds, merit-based scholarships and tuition benefits can't exceed the cost of tuition.

Name \_\_\_\_\_ Student ID # \_\_\_\_\_

Phone Number \_\_\_\_\_ Email Address \_\_\_\_\_

Local Address \_\_\_\_\_

Permanent Street Address \_\_\_\_\_ Apt. \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_ County \_\_\_\_\_

Cum. GPA \_\_\_\_\_ Major \_\_\_\_\_ Minor/Concentration \_\_\_\_\_

Grade level when you begin the 2017-2018 academic year \_\_\_\_\_

Expected Graduation Date \_\_\_\_\_

Ethnic Heritage (Optional) \_\_\_\_\_

**NOTE: There are scholarships available for specific ethnic backgrounds, if you want to be considered for these please answer this question.**

High School graduated from \_\_\_\_\_

Are you a veteran or active member of the U.S. Armed Forces? Yes No

Are you currently employed? Yes No

If yes, where do you work? \_\_\_\_\_

What is your job title/responsibilities? \_\_\_\_\_

What are your plans after graduation? \_\_\_\_\_

**Please complete the reverse side**

**List any volunteer work:**

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**List any community service:**

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**List any clubs or civic groups you are a current or past member of along with the dates:**

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**List any areas of study you are interested in that are not part of your major or minor (e.g. speech therapy, gerontology, philosophy, fine arts):** \_\_\_\_\_

**What traits do you possess that will make you an asset to your profession and community?**

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Certain scholarships have restrictions to be eligible. Please check below any of the restrictions that apply to you. Additional documentation may be required.

\_\_\_\_\_ A Teamster member or son or daughter of a Teamster member, within the jurisdiction of Joint Council 18.

\_\_\_\_\_ Students with a Greek affiliation or a legacy connection to a current or former Theta Xi member.

\_\_\_\_\_ A member or a child of a member of UFCW Local Union or

\_\_\_\_\_ A member or child of a member of another union affiliated with the AFL-CIO.

**Student Signature** \_\_\_\_\_

**Date** \_\_\_\_\_