Utica College

Office of Student Financial Services

Legacy Scholarship Application

Personal Data

Applicant's name _____ Utica College ID Number _____

I wish to begin full-time study _____Fall 2009 _____Spring 2010

Preferred title (optional): ____Mr. ____Miss ____Mrs. ____Ms.

Spouse's name _____

Permanent address _____
Street Apt.#

_____
City State Zip

Phone number (_____)_____

Social Security number _____ Birthdate_____

Parent's/legal guardian's name(s) _____
(Include mother's maiden name if she is the alumna.)

UC Class***** _____ Social Security number _____

Parent's employer _____

Title _____ Occupation _____

Permanent address _____

_____
City State Zip

***Eligibility: In order to be considered for a Legacy Scholarship, one parent must be a Utica College graduate. All applicants must complete a Free Application for Federal Student Aid (FAFSA).**

Please complete and return to:
Utica College, Student Financial Services, 1600 Burrstone Road, Utica, NY 13502
Phone: (315) 792-3179 Fax: (315) 792-3368 Email: sfs@utica.edu