

**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 2011 \_\_\_\_\_Spring 2012

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