



Dear College of Education & Professional Studies Scholarship Applicant,

Enclosed are the College of Education & Professional Studies scholarship application and information for the 2009-2010 academic year. The application is **due no later than 5:00 pm on February 27, 2009** in the dean's office, EDU 213. Only complete application packets will be eligible for review.

A complete application packet contains the following documents in this order:

1. Application Cover sheet
2. Application Form
3. Current Transcripts
4. Personal Statement (Instructions on application form), **if required**
5. Faculty Reference/Support Forms, **if required**

Each individual scholarship application packet must include copies of its own application form, Current Transcript, personal statement, and any additional application components. Faculty reference/support forms can be turned into the office by the faculty members themselves, or through you. It is your job, however, to give them the form.

Thank you for taking the time and diligence to ensure that you will be considered for the scholarships you are applying by checking all submitted materials for completion and quality. Know that you are a valued member of the College of Education & Professional Studies Family and we wish you the best as you apply for the scholarship funds available! *For information or questions, please call Judy Reyes-Henderson at (405) 974-2763 or Karrie Terrell at (405) 974-5102.*



2009 – 2010 Student Scholarship Application Coversheet

University of Central Oklahoma · College of Education & Professional Studies

Deadline February 27, 2009

Please use this as your cover sheet when submitting your scholarship applications.

Name _____ Banner ID * _____

Name of Scholarship applying for: _____

(for example: Tom Price Scholarship, Tuition Waiver)

Please attach this coversheet to your entire application packet and **return completed to the dean's office, 2nd floor, EDU 213 - College of Education & Professional Studies**

2009 – 2010 Student Scholarship/Tuition Waiver Application Form

University of Central Oklahoma · College of Education & Professional Studies

Deadline February 27, 2009 (Make additional copies of this form as needed for each scholarship application submitted)

Please choose one of the following which pertain to your student status:
 Undergraduate Student Graduate Student Transfer Student

Scholarship Name: _____
 (for example: Tom Price Scholarship, Tuition waiver)

Full Legal Name		Last Name (please print)		First Name	Middle Initial	Student/Banner ID Number
Permanent Address		Number/Street		City	State/County	Zip
E-mail Address			GPA:		Year in College 2009-2010	
			Within Major _____ Overall _____		<input type="checkbox"/> Fresh. <input type="checkbox"/> Soph. <input type="checkbox"/> Jr. <input type="checkbox"/> Sr.	
Best Phone Number to Contact You:				Sex:		Date of Birth (Mo./Day/Yr.)
(_____)				<input type="checkbox"/> Male <input type="checkbox"/> Female		_____/_____/_____
Major area of study at UCO for 2009– 2010				Minor area of study at UCO for 2009– 2010 (if applicable)		
Do you pay:		Are you a U.S. Citizen:		Number of hours I plan to enroll in for each term in 2009– 2010:		
In-State Tuition: <input type="checkbox"/> Out-of-State Tuition: <input type="checkbox"/>		Yes <input type="checkbox"/> No <input type="checkbox"/>		Fall: _____ Spring: _____ Summer: _____		
What is your expected graduation date:						

Activities and Awards: Summarize your extracurricular, community, and other significant activities. Be specific. Refrain from using abbreviations for organization names. **Please use the chart below.**

Activity	Involvement			Positions held, responsibilities, and accomplishments
	dates from/to	hours per week	total hours	

Awards & Recognition (Be sure to list all that pertain to your major.)	Semester (s)	Year (s)

List loans, grants, scholarships, or financial aid received during the past three years

Description of financial aid received	Awarding organization	Award information		
		Dates from	Dates to	Total award

Describe any financial need you may have

What are your career goals after graduation?

Personal Statement (If Required)

Please limit your response to one paragraph, 200 words. Your personal statement must reflect your own ideas, financial needs and goals. Briefly describe your academic interests and how they relate to your career objective.

Reference/Support (If Required)

A reference/support form, found on the following page, must be given to two faculty members who are familiar with your academic work, community service or personal history. Those faculty members will turn the form in themselves.

PLEASE ENCLOSE THE FOLLOWING WITH YOUR APPLICATION AND COVER SHEET (as included in packet):

- This application (**one copy for each scholarship applied for**)
- Current Transcripts
- Personal Statement, **only if required for this particular scholarship**
- Reference/Support Letters, **only if required for this particular scholarship**

Certification – To Be Signed By All Applicants

If you are selected as a scholarship recipient, do you agree to allow your name and biographical information to be released to the scholarship donor and to be used in any publication with the scholarship? ___ Yes ___ No

If you are selected as a scholarship recipient, you *may* be required to write a thank you note to the scholarship donor. This will need to be turned into Karrie Terrell of the College of Education & Professional Studies dean’s office prior to receiving disbursement of the scholarship funds into your bursar account.

I have read and understand the enclosed information. I affirm that the information which I have provided on this application form and any additional material that I submit is complete, accurate, and true to the best of my knowledge. Pursuant to the Family Educational Rights and Privacy Act of 1974, as amended by (FERPA, I hereby authorize the University of Central Oklahoma to release the scholarship application information provided by me, as well as other official and unofficial University of Central Oklahoma information regarding my academic progress and status, to scholarship donors for the purpose of providing the donors with information concerning my eligibility as a scholarship recipient. I also understand that furnishing false information may result in revocation of any scholarship received or may result in disciplinary action pursuant to the University of Central Oklahoma Code of Student Conduct.

Applicant’s Signature

Date

MAKE A COPY OF THIS FORM FOR EACH FACULTY MEMBER

2009– 2010 Faculty Reference/Support Form

University of Central Oklahoma

College of Education & Professional Studies

Name of applicant

(please print) _____
Last First Middle

Under the federal law entitled the Family Educational Rights and Privacy Act of 1974, registered students are given the right to inspect their records, including letters of recommendation. Opinion is divided whether letters open to review are more helpful in assessing a student's potential than those that are not. If you want to waive your right of access to this evaluation, you may do so by signing the waiver below. In any case, all evaluations will be considered.

I expressly waive any right of access to this recommendation under the Family Educational Rights and Privacy Act of 1974 or any other law, regulation, or policy. I understand that the University of Central Oklahoma does not require me to execute this waiver and is willing to review my application whether or not I sign it.

Student's signature _____ **Date** _____

To the faculty. We would appreciate your appraisal of this student according to the attributes listed below. **Complete this form and return it to Karrie Terrell in the CEPS Dean's office, EDU 213 with your signature written across the seal of an envelope, on or before February 27, 2009.**

As required by the Family Educational Rights and Privacy Act of 1974, a student may elect to waive or not to waive the privilege of viewing this recommendation form. If the student has not signed the above waiver, you should consider this form to be non-confidential.

Recommendation of this applicant for a scholarship award from this scholarship program:

Strongly recommend Generally recommend Recommend without reservations Do not recommend

Signature _____ Date _____

Name _____ Title _____

Subject area _____ Institution _____

Applicant rating: Please use check marks to rate the applicant on the qualities listed below compared to other college students you have taught. Add comments you think would be helpful. Use additional paper for more comments if necessary.

	Superior	Good	Average	Poor	Unknown	Comments
Intellectual ability						
Independence of thought						
Judgment and maturity						
Motivation and productivity						
Effective oral communication						
Effective written communication						
Leadership qualities						
Performance						
Ability to collaborate						

Additional Comments: