

CONTINUING STUDENT SCHOLARSHIP APPLICATION 2009-2010

Name: _____ **Gender:** M F
Last First Middle (Circle One)

UK ID: 9 _____ **Email:** _____

School Address: _____

Telephone: () _____ **Birthdate:** ____/____/____

Permanent Address: _____
Street / Route / Apartment #

City: _____ **County:** _____ **State:** _____

Zip: _____ **Telephone:** () _____

Ethnic Background: Black, Non-Hispanic Hispanic Native American White, Non-Hispanic
 Asian Other _____

Major: _____ **Hours Completed:** _____ **GPA:** _____

Why Have You Chosen This Field of Study?

Do You Have Engineering Standing? Yes No **Expected Graduation Date:** _____

Classes in Progress for Spring 2009:

Course Prefix and Number	Course Title	Credit Hours

Have You Worked While Attending School? Yes **If Yes:** More Than 20 Hours/Week
 Less Than 20 Hours/Week
 Through Co-Op
 No

WORK EXPERIENCE / COMMUNITY SERVICE

Organization	Hours Per Week	Positions Held & Dates

AWARDS AND RECOGNITION

Award or Recognition	Level (Local, Regional, State, National)

SCHOLARSHIP INFORMATION**Previous And / Or Current Scholarships**

Name of Scholarship	Amount	Academic Term / Year

Will You Be Receiving Scholarship Support For The 2009-2010 Academic Year? Yes

If Yes:

Name of Scholarship	Amount

 No**STUDENT ESSAY**

Prepare and attach a double-spaced, 250-word essay which includes your educational and career goals, specific financial needs, and any special circumstances.

INSTRUCTIONS / STUDENT AGREEMENT

1. Include a completed copy of the attached *Financial Need Statement*.
2. Return the completed application and all required attachments to:

Jennifer R. Doerge
 College of Engineering
 375B Ralph G. Anderson Building
 University of Kentucky
 Lexington, KY 40506-0503

Direct Inquires To: (859) 257-0569

3. Entries must be postmarked no later than *April 15, 2009*.

I verify that the enclosed information is accurate to the best of my knowledge. VOID WITHOUT SIGNATURE.

Student's Signature: _____

Date: _____

Print Your Name Here: _____

UK UNIVERSITY OF KENTUCKY

College of Engineering

FINANCIAL NEED STATEMENT

Only students completing this portion of the application will be considered for those awards that specifically request the financial status of the applicant be furnished.

Student's Full Name: _____

Father's Full Name: _____

Mother's Full Name: _____

Parents' / Father's / Guardian's Address: _____
Street / Route / Apartment #

City: _____ **State:** _____ **Zip:** _____

Mother's Address (If Parents Are Separated): _____
Street / Route / Apartment #

City: _____ **State:** _____ **Zip:** _____

Father Is: Living Deceased **Mother Is:** Living Deceased

Father's / Guardian's Occupation: _____

Father's / Guardian's Place of Employment: _____

Mother's Occupation: _____

Mother's Place of Employment: _____

Are There Siblings At Home?

Yes

If Yes:

Age	In College Next Year?		If Yes, College Name
	Yes	No	
	Yes	No	
	Yes	No	
	Yes	No	

No

Total Annual Income Of:

Father / Guardian:	\$ _____
Mother:	\$ _____
Siblings Living At Home:	\$ _____
Yourself:	\$ _____

State Any Other Pertinent Information That Would Be Helpful To The Scholarship Committee:

I verify that the enclosed information is accurate to the best of my knowledge. VOID WITHOUT SIGNATURE.

Student's Signature: _____ **Date:** _____

Print Your Name Here: _____