

# UK UNIVERSITY OF KENTUCKY

## College of Engineering

### CONTINUING STUDENT SCHOLARSHIP APPLICATION 2012-13

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

**UK ID:** \_\_\_\_\_ **Email:** \_\_\_\_\_

**Telephone Number:** \_\_\_\_\_ **Date of Birth:** \_\_\_\_\_

**Primary Address:** \_\_\_\_\_  
Street / Route / Apartment #

**City, State and Zip:** \_\_\_\_\_ **KY County:** \_\_\_\_\_

**Ethnic Background:** Black, Non-Hispanic Hispanic Native American White, Non-Hispanic Asian Other  
(Circle one)

**Major:** \_\_\_\_\_ **Hours Completed:** \_\_\_\_\_ **GPA:** \_\_\_\_\_

**Why Have You Chosen This Field of Study?**

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

**Spring 2012 Coursework:**

Course Prefix and Number	Course Title	Credit Hours

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

## WORK EXPERIENCE / COMMUNITY SERVICE

Organization	Hours per week	Positions Held and Dates

## AWARDS AND RECOGNITION

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

## SCHOLARSHIP/GRANT INFORMATION

### Previous and/or Current Scholarships/Grants

Name of Scholarship	Amount	Academic Term/Year

Will You Be Receiving Scholarship/Grant Support For The 2012-13 Academic Year?    Yes    No

If Yes:

Name of Scholarship	Amount

## 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 that should be considered by the scholarship committee.*

## INSTRUCTIONS / STUDENT AGREEMENT

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

**Christina L. Dillon, Scholarship Coordinator**  
College of Engineering  
369 Ralph G. Anderson Building  
University of Kentucky  
Lexington, KY 40506-0503  
Phone: 859-257-0569  
Fax: 859-257-5727  
Email: cdillon@engr.uky.edu

3. Entries must be postmarked no later than April 15, 2012.

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

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

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### FINANCIAL NEED STATEMENT

*Only students completing this portion of the application will be considered for those awards that specifically request the student's financial need for aid.*

**Student's Full Name:** \_\_\_\_\_ **Birthdate:** \_\_\_/\_\_\_/\_\_\_

**Student's Marital Status:**    Single    Married    Divorced    Separated    Widowed

**IMPORTANT:** *If you were born before Jan. 1, 1989, are married and/or provide more than 50% of the financial support for any or all of your children please fill out Section C and sign. Otherwise, please fill out Section B and sign.*

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#### Section B: Dependent Student Information

*Please answer questions below pertaining to parents who provide more than 50% of your financial support*

**Parents' Marital Status:**    Single    Married    Divorced    Separated    Widowed

**Parents' Full Names:** \_\_\_\_\_

**Household Address:** \_\_\_\_\_  
Street / Route / Apartment #

**City:** \_\_\_\_\_ **State:** \_\_\_\_\_ **Zip:** \_\_\_\_\_

**Father's/Stepfather's/Guardian's Occupation:** \_\_\_\_\_

**Father's/Stepfather's/Guardian's Place of Employment:** \_\_\_\_\_

**Mother's/Stepmother's Occupation:** \_\_\_\_\_

**Mother's/Stepmother'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:**

<b>Father/Stepfather/Guardian:</b>	\$ _____
<b>Mother/Stepmother/Guardian:</b>	\$ _____
<b>Yourself:</b>	\$ _____

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#### Section C: Independent Student Information

*Fill this section out if you were born before Jan. 1, 1989, are married and/or provide more than 50% of the financial support for any or all children*

**Do you have children?**    Yes    No      **If "yes", how many do you financially support?** \_\_\_\_\_

**Spouse's Full Name, if applicable:** \_\_\_\_\_

**Total Annual Income of:** Student \$ \_\_\_\_\_ Spouse: \$ \_\_\_\_\_

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

**Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_