

**The University of Toledo
Judith Herb College of Education
2009 – 2010 Scholarship Application**

Your status during the 2009-2010 academic year will be: _____
_____ Entering UT Freshman Date: _____
_____ Undergraduate
_____ Freshman
_____ Sophomore
_____ Junior
_____ Senior
_____ Graduate

Name: _____ R# _____
(Mr.)(Mrs.)(Ms.) First Middle Last

Local Address: _____ Phone () _____
(Street No. / P.O. Box)

Address: _____
(City) (State) (Zip)

Permanent Address: _____ Phone () _____
(If different from above)

Address: _____
(City) (State) (Zip)

E-Mail Address: _____

High School: _____
(Name) (City) (State) (Zip)

University Activities (entering UT freshman should list high school activities):

Anticipated Date of UT Graduation: _____

College of Education Program: _____
(e.g., Early, Middle, Adolescence to Young Adult, or Multi-Age)

Licensure Area: _____
(e.g., Math, Science, Language, Art, Music, or Physical Education)

Have you submitted Free Application for Federal Student Aid (FAFSA) for this academic year?
(FAFSA must be completed by Friday, March 6, 2009 in order for your financial need status to be considered by the scholarship committee.)

Yes No

If not, you are advised to contact the UT Financial Aid Office at 419-530-8700 ASAP.

FOR OFFICE USE ONLY

FAFSA Rating: _____ GPA: _____

Scholarship Awarded: _____ Amount: _____

(Returning students only) Have you previously received any financial aid?

Yes No

If yes, please identify: _____

Please provide the following information (on a voluntary basis). This information helps the scholarship committee determine your eligibility for scholarships with specific criteria. If you choose not to provide the information, it may be difficult for the committee to give you full consideration for all scholarships that you are eligible to receive. Please check all that apply.

- ___ U.S. Citizen
- ___ Male ___ Female ___
- ___ Physically/Mentally Challenged
- ___ Accepted into Professional Standing
- ___ Greek Affiliations _____
- ___ Student Teaching term _____
- ___ Full-time status
- ___ Part-time status
- ___ Collegiate Sports _____

If Graduate student, please list undergraduate degree and major: _____

Unless otherwise noted, all scholarships will be awarded half in Fall 2009 and half in Spring 2010. If special circumstances exist, indicate which semester your scholarship would apply and why.

Fall Spring Summer
2009 2010 2010

Why: _____

Student's Signature: _____

(Applicant's signature grants the office of Student Financial Aid permission to release grades and financial need information for the purpose of Scholarship consideration.)

I **endorse** this request for scholarship/financial aid:

Advisor's Signature*: _____

AND

Faculty's Signature*: _____

*Incoming freshman should use the signatures of high school guidance counselors/teachers.

Send or deliver completed **application** and **supporting letter** to:
Education Scholarship Committee, Gillham Hall, Room 3100, Mail Stop 914
The University of Toledo, 2801 West Bancroft Street, Toledo, Ohio 43606-3390

What are your professional goals? Please write a brief paragraph describing your goals in the space provided below. **(Please print neatly or attach typewritten document.)**

The University of Toledo continues its policy of non-discrimination on the basis of sex in compliance with Title IX of the Education Amendments of 1972 in all services, activities and programs under its sponsorship. In addition, the University administers all actions without regard to race, creed, color, national origin, and age or handicap as defined by law. These policies pertain to application and selection for admission as well as for employment and all other university personnel actions.

DEADLINE TO SUBMIT APPLICATION IS FRIDAY, MARCH 6, 2009