

UNIFIED ASSOCIATION OF CONEJO TEACHERS

Application for Scholarship Award

Scholarship awards will be granted to high school graduates, in the current year, or previous high school graduates who are children or dependents of UACT members. Recipients of awards must plan to be attending a post-secondary institution (i.e., college, junior college, trade school, etc.) in the fall of 2023.

This application, and all other supporting documents, must be completed and returned to the UACT office no later than **Friday, March 1st, 2024**. Supporting documents must include an **official transcript** from the school the applicant is now attending (transcripts must be sent directly to the UACT office in care of the Scholarship Committee), and two letters of recommendation (one from a school official, and one from a member of the community).

Applicant _____ Date of Birth _____
Last First Middle

Address _____ Telephone _____
Current: Street City State Zip

Address _____ Telephone _____
Permanent: Street City State Zip

Name of UACT Member _____

Name of Spouse of Member _____

Occupation of Spouse _____

Address of UACT Member _____
Street City State Zip

Name and Ages of Brothers and Sisters of Applicant _____

_____ and/or other dependents of member _____

Name of school currently attending _____

Address _____ Graduation Date _____

What scholarships honors, if any, have you received? _____

What citizenship honors have you received? _____

What school offices have you held? _____

What special activities, such as clubs, societies, churches, athletics, etc., have you participated?

List any previous employment and its duration. _____

List any volunteer work. _____

What post-secondary institution do you plan to enter? _____

When? _____ Field or Major _____

Have you been, or are you now, the beneficiary of a scholarship or award? _____

If so, give name(s) and amount(s) _____

Will you work while attending school? _____

Estimate of cost of next school year _____

Please enter names of those who will provide letters of recommendation:

Name _____ Occupation and Title _____

Address _____ Known to you since _____

Name _____ Occupation and Title _____

Address _____ Known to you since _____

Write a brief statement or outline (no more than 300 words) commenting on how this scholarship, if awarded, would assist you in reaching your goals. (If necessary, use the back of the application or attach an additional page.)

Signature

Date

Signature of UACT Member

Date

Applicant

LETTER OF REFERENCE

The applicant for the UACT Scholarship is to submit two letters of reference on this form. One should be from a teacher or administrator who knows about the applicant's academic record, and should include a summary of his academic record. The other may be from someone in the community who knows about the applicant. In addition to the applicant's academic and/or vocational potential, please discuss the following traits, as well as, any other items that may be of interest to the screening committee: commitment to social responsibilities; reliability and integrity; receptivity to new ideas; and special achievements.

Please note: To consider the applicant, this letter must be in the UACT office no later than **Friday, March 1st, 2024.**

Signature _____ Relationship
to applicant _____

Number of years you have known the applicant _____ Date _____

Return via mail to UACT, 100 E. Thousand Oaks Blvd. Suite 201, Thousand Oaks, CA 91360 or email to uactsec@aol.com

Applicant

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