



2018-19 FAC18UWS
UrbanaWorks Partnership Scholarship

Grid for Last name

Last name

Grid for First Name

First Name

Grid for Urbana Student ID

Urbana Student ID

Grid for Street Address

Street Address

Grid for City

City

Grid for State

State

Grid for ZIP Code

ZIP Code

Urbana University offers and administers the UrbanaWorks scholarship available to partner institutions/organizations dependent children.

Please view below scholarship criteria and requirements to be considered. The award amount is \$9,000, split between Fall and Spring terms.

Criteria:

- Dependent student of eligible UrbanaWorks partner employee
• Fulltime enrollment
• Live on campus
• GPA 2.75 or higher
• Not refundable - for tuition, room & board, and fees only
• Renewable up to 4 years (must complete scholarship application each year)

Please submit below items, along with signed scholarship application.

1. Name of partner institution/organization:
2. Name of parent employee at partner institution/organization:
3. Your parent(s) most recent tax return. This can be requested on line at http://www.irs.gov or by calling 1-800-908-9946
4. Your parent's most recent paystub from partner institution, or employment verification letter from partner institution, or membership card or letter from partner organization validating parent is an active member.

Please check the box for the term for which you are applying. Your application must be received (not postmarked by) the following deadlines:

Input box for Fall Semester - July 1

Input box for Spring Semester - November 1

Academic major(s)

Anticipated graduation date

(Please estimate if you do not know exact date)

Student Name: _____

Student ID: _____

Important:

- Must be seeking a bachelor degree or associate degree
- If you are receiving Post 9/11 GI Bill benefits at the 100% level you are not eligible to apply for a scholarship.
- This scholarship cannot be combined with any other Urbana scholarships.
- Urbana University employees, their spouses, and/or dependents are not eligible to apply if they are currently receiving tuition benefits.

I hereby certify, to the best of my knowledge, the information submitted is complete and accurate. I understand I must furnish all information requested for the application to be considered. I give Urbana University permission to release any or all information contained in my scholarship application to any donor from whom I receive funds. Urbana University reserves the right to use information contained in this application for promotional and news release purposes.

Student Signature _____

Date ____ / ____ / ____

Urbana University does not discriminate on the basis of race, religion, color, sex, age, national origin, disability, or veteran status in admission of students, educational programs and policies, employment, and other activities.

**Return this application and required items to:
Urbana University ❖ 579 College Way Urbana, OH 43078
Fax: 937.772.9390 Email: financialaid@urbana.edu**