

2011-2012 COMMUNITY COLLEGE TRANSFER SCHOLARSHIP APPLICATION

Be sure to submit all of the following documents:

- Official Transcripts Scholarship Application

In order to be awarded the scholarship, you must be admitted to UMUC. Please apply online at www.umuc.edu

Name _____
First Middle Last

UMUC (EMPL) Student ID # _____ Date of Birth _____
Mo/Day/Yr

Address _____
Street Apt. No.

City State Zip Code

Daytime Phone _____ E-mail Address _____

Do you have at least a 3.0 Cumulative GPA? Yes No If yes, what is your Cumulative GPA _____

Are you on a Visa? Yes, type _____ No

Previous or current community college _____

Degree awarded AA AS AAS Date of graduation or expected graduation _____

Do you plan to start at UMUC in Fall 2011 Spring 2012

Check one of the following:

- I wish to be considered for a full-time scholarship. I will complete 30 credits in 2011-2012.
 I wish to be considered for a part-time scholarship. I will complete 15 credits in 2011-2012.

CERTIFICATION AND AUTHORIZATION

All of the information on this application is true and complete to the best of my knowledge. I certify that I meet all eligibility requirements as specified in this application. I understand that I may only receive one scholarship administered by UMUC per academic year. I certify that I will not receive 100% tuition assistance from my employer while receiving this scholarship. I hereby authorize UMUC to photograph me or utilize my likeness and information about my application for public relations purposes, publicity, or other scholarship opportunities. I agree to pursue and complete 15 credits (if I study part-time) or 30 credits (if I study full-time) and maintain a 3.0 GPA from UMUC in one academic year. I understand that if I do not complete these requirements the scholarship may be terminated. I am not currently receiving 100% tuition assistance from my employer at this time and I understand that my scholarship may be canceled if I receive 100% tuition benefits. I authorize UMUC to release personal information about me when requested by any donor or designee, my sponsoring community college, or any UMUC office for purposes relating to my scholarship application or any UMUC scholarship.

Signature of applicant _____ Date _____

Please mail to: University of Maryland University College
 Attn: Community Relations
 UMUC at Dorsey Station
 6865 Deerpath Road
 Elkridge, MD 21075
 E-mail: ccsp@umuc.edu

You may also fax your application to 443-459-3505