

To Be Considered, Return This Application by Monday, April 10, 2023 To: United Teachers of Monroe, 1310 United Street #115, Key West, Fl 33040.

UTM SCHOLARSHIP APPLICATION
(Applicant must be a child of a UTM member.)
(Please Type or Print.)

General Information

Student's Name _____ Date of Birth _____

Address _____ Telephone Number _____

Date Application submitted _____

Family

Name of the Parent who is member of UTM. _____

The number of years as an employee in Monroe County. _____

Total Gross family income from all sources. _____

Please list other dependents

Name _____ age _____ Name _____ age _____

Name _____ age _____ Name _____ age _____

Other children in college

Name _____ College _____

Name _____ College _____

Are there any special financial factors that you would like to bring to the attention of the Scholarship Committee?

Educational Background

Name of High School attended _____

Will graduate on _____, 2023

High School grade Point average _____

List your extracurricular activities.

List any scholastic honors you have received.

What college will you attend?

What will be your major field of study in college?

Total anticipated annual cost of college?

Has this school accepted you? _____

References (**Attach to this application three (3) references**), two from teachers and one from the community at large.

I understand that the United Teachers of Monroe will pay the scholarship award directly to the student and for this year only.

Signature of Applicant _____ Date _____

Signature of UTM Member _____ Date _____

Confidential Character Reference 1

Scholarship Award Program

Name _____ of applicant for UTM Scholarship.

Number of years you have known the applicant. _____

Your relationship to the applicant. _____

In your opinion, how does the applicant rate using the following characteristics?

	Excellent	Average	Fair	N/A
Personal Integrity				
Dependability				
Seriousness of Purpose				
Moral and Social Standards				
Maturity of Judgement				
Eagerness for Improvement				
Leadership Ability				
Responsibility				
Sense of Humor				
Poise and self-control				
Imagination/Resourcefulness				

In 100 words or less, explain why you feel this student should receive the Scholarship.

Name (print) _____

Telephone _____

Address _____

Signature _____

Confidential Character Reference 2

Scholarship Award Program

Name _____ of applicant for UTM Scholarship.

Number of years you have known the applicant. _____

Your relationship to the applicant. _____

In your opinion, how does the applicant rate using the following characteristics?

	Excellent	Average	Fair	N/A
Personal Integrity				
Dependability				
Seriousness of Purpose				
Moral and Social Standards				
Maturity of Judgment				
Eagerness for Improvement				
Leadership Ability				
Responsibility				
Sense of Humor				
Poise and self-control				
Imagination/Resourcefulness				

In 100 words or less, explain why you feel this student should receive the Scholarship.

Name (print) _____

Telephone _____

Address _____

Signature _____

Confidential Character Reference 3

Scholarship Award Program

Name _____ of applicant for UTM Scholarship.

Number of years you have known the applicant. _____

Your relationship to the applicant. _____

In your opinion, how does the applicant rate using the following characteristics?

	Excellent	Average	Fair	N/A
Personal Integrity				
Dependability				
Seriousness of Purpose				
Moral and Social Standards				
Maturity of Judgment				
Eagerness for Improvement				
Leadership Ability				
Responsibility				
Sense of Humor				
Poise and self-control				
Imagination/Resourcefulness				

In 100 words or less, explain why you feel this student should receive the Scholarship.

Name (print) _____

Telephone _____

Address _____

Signature _____