UUP BENEFIT TRUST FUND SCHOLARSHIP APPLICATION

On the following page, is the UUP Benefit Trust Fund Scholarship Application. This scholarship is for dependent children of actively employed participants who are eligible for Fund benefits. UUP Retiree Members, COBRA participants and Direct Payment participants are not eligible. To qualify for the $500 scholarship, your dependent children must meet the following criteria:

- Dependent children must be eligible for and enrolled in the UUP Benefit Trust Fund on the last day of the semester for which they are applying. Please refer to the UUP Benefit Trust Fund booklet for dependent eligibility rules.
- Dependent children must provide official transcripts showing at least 12 undergraduate credit hours earned toward degree requirements in the semester for which they are applying. For example, if 14 credits have been completed and a student fails a 3-credit course, only 11 credits have been earned.
- Dependent children must have taken those credits at a state-operated SUNY school. (This does not include, for example, community colleges, Cornell University, Fashion Institute of Technology, Alfred University and Alfred Ceramics). The list of state-operated SUNY schools appears below.
- Dependent children must provide official transcripts showing a 2.0 grade-point average or higher in the semester for which they are applying.
- Applications and official transcripts, or transcript requests, must be postmarked within 60 days from the last day of the semester for which they are applying.
- The scholarship award may be used for tuition, fees, books or supplies.

The applications must be postmarked within the 60-day application period. A maximum of one (1) scholarship per dependent child will be awarded each semester, even if both parents are UUP members. A maximum of eight (8) scholarships can be awarded per eligible dependent child. Scholarship checks will be issued in the UUP member’s name and address of record.

If you have any questions regarding the scholarship program, please contact the Fund at 800-887-3863.

UUP Benefit Trust Fund

State Operated SUNY Schools

SUNY Albany
SUNY Alfred
SUNY Binghamton
SUNY Brockport
SUNY Brooklyn HSC
SUNY Buffalo Center
SUNY Buffalo HSC
SUNY Buffalo State
SUNY Canton
SUNY Cobleskill
SUNY Cortland
SUNY Delhi
SUNY Empire State
SUNY Environmental Science and Forestry
SUNY Farmingdale
SUNY Fredonia
SUNY Geneseo
SUNY Maritime
SUNY Morrisville
SUNY New Paltz
SUNY Old Westbury
SUNY Oneonta
SUNY Optometry
SUNY Oswego
SUNY Plattsburgh
SUNY Potsdam
SUNY Purchase
SUNY Stony Brook
SUNY Stony Brook HSC
SUNY Upstate Medical University
SUNY Utica Rome

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UUP MEMBER INFORMATION

Name: (please print) ________________________________________________________________
Is spouse/domestic partner also a UUP member? __ Yes __ No     If so, name ____________________________
Address: _________________________________________________________________________
SS# (Optional): ___________ Phone #: ___________ E-mail Address: __________________________
UUP Member’s Campus of Employment*: ______________________________________________

*Please Note: Eligibility is contingent on active employment. UUP Retiree Members, COBRA and Direct Payment participants are not eligible.

STUDENT INFORMATION (Student must be an eligible child in the UUP Benefit Trust Fund at semester end.)

Name: (please print) ________________________________________________________________
Address: _________________________________________________________________________
SS# (Optional) _____________________________________________________________________
SUNY School Attended: __________________________________________________________________
Semester Start Date: __________________________ Semester Ending Date: ______________________
Credits Earned this Semester: ___________ Semester Grade-point Average: ________________
Expected Graduation Date: __________________________ Date Enrolled in SUNY: ________________

Official transcript or transcript request must be attached (Note: Eligible students may receive this award for a MAXIMUM of 8 semesters.)

Applications must be postmarked within 60 days of the conclusion of the semester for which you are applying.
☐ If official transcript is being sent under separate cover, enclose proof of transcript request and check this box.

Please check to ensure the eligible dependent child is meeting the scholarship requirements:
☐ Earned at least 12 undergraduate credit hours toward degree requirements for this semester
☐ Grade-point average of 2.0 or higher for this semester (as shown on the official transcript)
☐ Credits earned at a state-operated SUNY school (e.g., does not include SUNY community colleges)
☐ Application must be postmarked within 60 days after the ending date of this semester
☐ Scholarship will be used only for tuition, fees, books or supplies

Pending IRS approval for a tax-free scholarship, additional information may be required.

I hereby affirm that the responses on this application are true to the best of my knowledge and I understand that any misrepresentation will automatically disqualify me from receiving a scholarship award. I further agree to abide by all conditions contained therein.

Member Signature ___________________________________________ Date ________________
Dependent Signature ___________________________________________ Date ________________

Please return this application, with transcript information attached, to UUP Scholarship, P.O. Box 15143, Albany, NY 12212-5143

Scholarship Application 3/13/06