

THE UPS SCHOLARSHIP NOMINATION FORM

For Academic Year 2019-2020

Description

This year the UPS Scholarship Fund will offer a scholarship gift of \$2,750 per AICUP member institution, to be awarded to a student the school chooses. *CIC has become more prescriptive in how it wants the scholarship awarded. In her letter to AICUP, CIC's Carol Shuler states: "... At each college, the scholarship is to be awarded in its entirety in one allocation to a full-time, undergraduate student whose background reflects one or more of the characteristics of the student population that is of highest priority to the UPS Foundation and CIC's First Opportunity Program: first-generation, low-income, minority, or new American students." (Please circle all that apply)*

After selecting the student to receive this scholarship, please complete the following form for the recipient. Completing this form will allow us to report accurately the distribution of the UPS money. It will also allow us to efficiently contact the recipient in the future for updates on their education.

Please complete the form below and return it to AICUP via email with the student's electronic signature or by regular mail **no later than Friday, April 26, 2019, to trinkaus@aicup.org or to the attention of: Casey Trinkaus, AICUP, 101 North Front Street, Harrisburg, PA 17101-1405.**

General Information

(Please print or type)

Name (Last, first and middle initial): _____

School Address (if applicable): _____

City: _____ State: _____ Zip: _____

How long will you be at this address? _____

Permanent Address: _____

City: _____ State: _____ Zip: _____

Please list the phone number(s) where you can be reached during the current spring semester and after the spring semester, should we have any questions regarding your application.

(Spring/ or cell No.) _____ Home No. _____

Gender (circle one): M F

Are you a U.S. citizen (for our records only)? YES NO

Academic Information

Institution Name: _____

Major: _____ Minor: _____

Cumulative GPA: _____ GPA in major: _____

Freshman Sophomore Junior Senior (circle one) Date of Graduation: _____

Release Authorization

I certify that to the best of my knowledge this information is true, complete and accurate. I authorize the release of information to confirm and/or verify this application. I also agree to be contacted in subsequent years in order for AICUP to request follow-up information about my whereabouts and activities understanding that provision of such information is entirely voluntary.

Student Signature: _____ Date: _____