COLLEGE OF EDUCATION

H. TIMOTHY HENDRIX EXCEPTIONAL EDUCATION SCHOLARSHIP

Criteria:

- UCF Junior or Senior, enrolled full time
- Declared major in Exceptional Education in the Department of Child, Family and Community Sciences at the College of Education
- Minimum of a 3.0 GPA

Deadline: Applications must be received by March 11, 2013

Amount: Varies
PERSONAL INFORMATION
Name: ______________________________________ PID: _______________ Date: _______________
E-mail address: _____________________________________________________________
Address: _________________________________________________________________
___________________________________________________________________________
Phone: (          ) ________________
Classification: ___ Incoming Freshman ___ Transfer Student ___ Continuing Student
___ Graduate Student
SAT Score(s): _________________________ ACT Score: _______

Major at UCF, if declared: ___________________________________________________

Anticipated graduation date from UCF: __________________________________________

EDUCATIONAL BACKGROUND
Did you attend a Florida high school? __________ County: ______________________
Name of high school: _______________________________________________________
Name of previously attended colleges/universities: _______________________________
___________________________________________________________________________
What is your planned profession? ____________________________________________

REFERENCES AND TRANSCRIPT
Please attach three letters of reference and a transcript of grades. To reduce expense, if submitting application
for more than one scholarship, you may include an original transcript with one of your applications and a copy
with the others. You may open and duplicate an original, sealed transcript to accomplish this. In addition,
please attach a list of all activities, honors, awards, and other personal qualities or factors of which you want the
selection committee to be aware. This list should show a history of your activities in school and the community.

ESSAY
Please attach a 500 word essay outlining your plans and goals for the future.

Incomplete applications are not accepted. We appreciate your understanding that due to the high volume of
applications, only those selected for scholarships will be notified.

I certify that the data provided in this scholarship application is true and accurate as of the date signed. By signing
this form I give permission to the UCF College of Education and the UCF Office of Student Financial Assistance to
release information contained in the application, as well as my grades while receiving scholarship, to prospective
and active donors.

_________________________                        Student Signature
___________________________________________________________________________
Date

RETURN THIS APPLICATION TO:
Office of the Dean
UCF College of Education
PO Box 161250
Orlando, FL 32816-1250

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