COLLEGE OF EDUCATION
JACK D. HOLLOWAY ENDOWED SCHOLARSHIP

Criteria:

- GPA of 3.0
- Enrolled as a Junior or Senior at the College of Education, with Exceptional Education as their field of study
- Undergraduate recipients remain eligible for the award for a maximum of 4 semesters, as undergraduates, provided they maintain a 3.0 GPA and remain in the field of exceptional education with an emphasis on working with individuals with cerebral palsy.

* The Jack D. Holloway Endowed Scholarship also provides scholarships for students studying at the College of Health and Public Affairs. Please contact the College of Health and Public Administration for information on their scholarship opportunities.

Deadline: Applications must be received by March 11, 2013

Amount: Varies
PERSONAL INFORMATION – Please print clearly
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
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.

STATEMENT OF INTEREST
Please attach a written statement that addresses the following: your personal career goals; why you are interested in the field of Exceptional Education; work experience; experience with children and adolescents, especially those with disabilities; high school, college and civic activities, honors, awards, service, and scholarships received; any other factors of which you want the selection committee to be aware.

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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