COLLEGE OF EDUCATION

LA QUINTA INNS SCHOLARSHIP

Criteria:

- Applicants must hold a minimum 3.0 Grade Point Average in all course work
- Applicants must be enrolled or intend to enroll as a full time Junior or Senior in the College of Education
- Applicants will submit three letters of recommendation, and an essay on their planned occupational pursuit

Deadline: Applications must be received by March 15, 2010

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. 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
either in school or in 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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