

Health Professions Scholarship Application Spring 2012

The University of Texas at Arlington
College of Science
P.O. Box 19047 Arlington, TX 76019

*NOTE: THIS APPLICATION MUST BE RECEIVED IN THE DEAN OF SCIENCE OFFICE BY January 13, 2012

Name _____ ID# _____
Last First Middle

Address (while attending school):

_____ Street City State Zip

Telephone:

(____) _____

Grade Point Average: Cumulative _____ Major _____ (for office use only)

Other Colleges Attended:

Name of Institution:

Dates Attended

Classification: Freshman _____ Sophomore _____ Junior _____ Senior _____

Degreed: BA _____ BS _____ MA _____ MS _____

Are you receiving financial aid? Yes _____ No _____

Are you employed? Yes _____ No _____ If yes, how many hours per week? _____

Major:

Scholarships, Awards, Special Recognition:

Organizational Memberships – UTA:

Community Activities/Memberships:

Volunteer Service to UTA or community:

Research Experience:

Statement of Goals and Objectives:

Signature of Applicant

Date

(Revised 10/20/11)

You may be entitled to know what information UT Arlington (UTA) collects concerning you. You may review and have UTA correct this information according to procedures set forth in UT System BPM #32. The law is found in sections 552.021, 552.023 and 559.004 of the Texas Government Code.

State law requires that each student identify any relation to a current member of The University of Texas System Board of Regents. A student who is related to a current member of the U.T. System Board of Regents is prohibited from receiving scholarships unless the scholarship is awarded exclusively based on academic merit or is an athletic scholarship. It is a Class B misdemeanor to file a false statement.

Are you related to any member of the U.T. System Board of Regents? _____

If yes, please identify the Board member and the relationship. _____

SCHOLARSHIP REFERENCE LETTER

The University of Texas at Arlington

TO BE COMPLETED BY APPLICANT

Applicant's Name _____

Address _____

TO BE COMPLETED BY INDIVIDUAL MAKING THE RECOMMENDATION

Name _____

Title of Position _____

Name of Institution _____

How long have you known the applicant? _____

In what capacity? Student _____ Employee _____ Friend _____

Please evaluate the applicant on the basis of personal attributes, service to the campus or community, and academic performance.

Signature of Reference

Date

Please return to:

Edward T. Morton
College of Science
P. O. Box 19047
Arlington, TX

You may be entitled to know what information UT Arlington collects concerning you. You may review and have UTA correct this information according to procedures set forth in 76019 sections 552.02, 552.023 and 599.004 of the Texas Government Code.