



UCT Charities Scholarship Program Guidelines

UCT Charities, P.O. Box 71, Galloway, OH 43119
Tel: (866) 458-2862, ext. 808 • Email: dvanorder@uctnorthamerica.org

For decades, United Commercial Travelers (UCT) has been dedicated to helping people with intellectual disabilities. UCT Charities was established as a way to continue this important support, primarily by providing scholarships through the UCT Charities Scholarship Program to individuals pursuing college degrees or certification to teach persons with intellectual disabilities.

Assistance Qualifications

1. Recipients of financial assistance granted through the UCT Charities Scholarship Program must meet one or more of the following criteria:
 - A. Be a teacher of people with intellectual disabilities who needs additional course work to be certified or to retain certification.
 - B. Be an experienced teacher who wishes to become certified to teach people with intellectual disabilities.
 - C. Have a bachelor's or master's degree and wish to pursue graduate work in special education with an emphasis on teaching people with intellectual disabilities.
 - D. Be a college junior or senior whose undergraduate course of study is special education specifically focusing on teaching people with intellectual disabilities.
 - E. Be enrolled in courses to become a certified instructor under a structured trade, vocational or recreation program at a facility for people with intellectual disabilities.
 - F. Be in the second year of a two-year associate's degree program in an accredited school, with the course of study specifically focusing on teaching people with intellectual disabilities.
2. Applicants teaching or studying special education focusing on areas other than intellectual disabilities are not eligible.
3. Applicants must plan to be of service to people with intellectual disabilities in the United States or Canada.
4. Applicants must demonstrate a justifiable need for financial assistance.

Application Procedure

1. Individuals interested in the UCT Charities Scholarship Program should request a scholarship application by contacting UCT Charities at (866) 458-2862, ext. 808 or at dvanorder@uctnorthamerica.org.
2. In addition to completing the application, initial applicants must include a typed résumé of work experience in the field of special education with an emphasis on teaching people with intellectual disabilities.

Application Submission

1. After receiving an application form, the applicant should answer all questions and return the completed application, along with other requested information, to UCT Charities at the above address. **Applications are reviewed on a monthly basis. Applicants should allow two months for distribution of scholarship assistance. DEADLINE IS NOV. 15.**

Assistance Approval

1. All applications are reviewed on a monthly basis. All applicants will be notified by mail regarding the action taken.
2. An amount up to, but not to exceed, \$2,500 may be granted to any one applicant in any one calendar year. The scholarship assistance is a reimbursement to help cover registration fees, tuition and textbooks only.
3. After approval of an application, **payment will be made upon receipt of positive documentation that the applicant has actually registered and paid for college or university courses in special education to teach people with intellectual disabilities.**

Application Summary

1. Applicant requests information concerning UCT Charities Scholarship Program from UCT Charities.
2. Applicant completes the scholarship application and returns it, along with the requested résumé of work experience and course work, to UCT Charities.
3. Applicant is notified by mail regarding the action taken.

Please refer any questions to UCT Charities at (866) 458-2862, ext. 808 or at dvanorder@uctnorthamerica.org.



UCT Charities Scholarship Program Application

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PLEASE PRINT OR TYPE ALL INFORMATION. PLEASE CAREFULLY READ ALL THE ATTACHED GUIDELINES FOR COMPLETING THIS APPLICATION. IF THE APPLICATION IS INCOMPLETE, IT WILL NOT BE PROCESSED FOR REVIEW.

1. Name: _____ Date: _____
(LAST) (FIRST) (MIDDLE INITIAL)
2. Address: _____
(STREET) (CITY) (STATE/PROV.) (ZIP/POSTAL CODE)
 Permanent Address: _____
(STREET ADDRESS) (CITY) (STATE/PROV.) (ZIP/POSTAL CODE)
3. Marital Status: _____ 4. Birth Date: _____ 5. Male Female
(MONTH) / (DAY) / (YEAR)
6. Phone No. Home: _____ Work: _____
(AREA CODE) (AREA CODE)
7. E-mail address: _____
8. Are you a: Buyer Renter Boarder of your home? 9. Number of Dependent Children: _____
10. Your Total Yearly Income: \$ _____ 11. Your Household's Total Yearly Income: \$ _____
12. Year of high school graduation or GED: _____
 Name and Location of High School: _____
13. Colleges/Universities Attended and Degrees Received:

FROM:	TO:	NAMES & LOCATION OF INSTITUTION:	DEGREE:	MAJOR/MINOR:
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
14. Current College Status: Junior Senior Graduate Other: _____
15. Prior Employment in a Field Related Position:

FROM:	TO:	NAMES & ADDRESS OF EMPLOYER IN A FIELD RELATED POSITION:	TYPE OF WORK:
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
16. Name and Address of Current Employer: _____

17. What is your current job title?: _____
18. Indicate the type of students you are currently teaching (check the appropriate box):
 *People with Intellectual Disabilities: Mild Moderate Profound Severe Not Teaching
 Other (please explain): _____
19. Length of Contract: _____ 20. Hours Worked Per Week: _____
21. Indicate the type of students you will be teaching in the future (check the appropriate box):
 *People with Intellectual Disabilities: Mild Moderate Profound Severe Not Teaching
 Other (please explain): _____

*** Intellectual Disabilities does NOT include individuals with learning or developmental disabilities or those who are visually or hearing impaired.**

22. Name and Address of College/University Where Scholarship will be used: _____

23. Please list the courses to be taken:

COURSE NUMBER:	COURSE NAME:
1. _____	_____
2. _____	_____
3. _____	_____
4. _____	_____
5. _____	_____

24. Terms for which you are requesting assistance:

TERM/YEAR:	DATES: FROM / TO	HOURS:	COST PER HOUR:	TUITION:	BOOKS:	REGISTRATION FEES:	COST PER TERM:
_____	_____	_____	\$ _____	\$ _____	\$ _____	\$ _____	\$ _____

Total Charges: \$ _____

Deduct Assistance from line 27: - \$ _____

Net Assistance Requested: \$ _____

25. Have you requested a scholarship application from UCT Charities before? Yes No

26. Have you received assistance from UCT Charities before? Yes No If "Yes," when? _____

27. Are you receiving assistance from any other source? Yes No If "Yes," from whom and what amount?

28. Who recommended you for this scholarship? _____ Are they members of UCTNA? Yes No

29. When do you expect to receive your degree or complete your special training? _____

30. What degree or special certification will be attained? _____

31. State the type of students you desire to teach and why? _____

32. State the specific goals and other information you feel is pertinent: _____

Please make sure to include a brief résumé of work experience and course work completed. YOUR APPLICATION CANNOT BE PROCESSED WITHOUT IT.

DEADLINE IS NOV. 15.

Applicant's Signature: _____ **Date:** _____