

# Joanne L. & Ralph C. Cline Scholarship Application

**Deadline: April 1, 2009**

**Note: To be eligible for this scholarship you must be 30 years of age or older and enrolled in University College Degree Program as a part-time (minimum of 6 credit hours) or full-time student with a 3.0 GPA with demonstrated financial need. Recipients of this application can reapply. Scholarship is for tuition and books.**

(Please type or print clearly.)

**Application is for the 2009 - 2010 academic year.**

Name \_\_\_\_\_ Rocket # \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Telephone: Home ( \_\_\_\_\_ ) \_\_\_\_\_ Work ( \_\_\_\_\_ ) \_\_\_\_\_

Birthdate: \_\_\_\_\_

Marital Status:  Single  Married  Widowed  Separated  Divorced

Number of Dependents: \_\_\_\_\_ Ages: \_\_\_\_\_

Employment:  Full-time  Part-time  Not Employed

Employer \_\_\_\_\_

In what academic program are you currently/last enrolled?

Adult Liberal Studies  Individualized

Are you attending as a  full-time student or  part-time student?

How many Credit Hours will you register for each semester?

Fall Semester \_\_\_\_\_ Spring Semester \_\_\_\_\_ Summer Semester \_\_\_\_\_

How many credit hours have you earned toward your degree? \_\_\_\_\_

When do you expect to graduate? \_\_\_\_\_  
semester year

(over)

What is your current cumulative GPA? \_\_\_\_\_

Total Annual Household Income: \$ \_\_\_\_\_

*(Financial information will be verified through the Financial Aid Office. You may be requested to verify income through submission of tax forms or other supporting documents.)*

**Please answer the following questions clearly and concisely in +/- 500 words. Attach your answer to application.**

What is your motivation for completing your degree at this time and what are your goals for your future upon graduation?

**References: Submit ONE letter of reference from either an adviser, UT faculty member or an external community member who can speak on the applicant's circumstances and goals. The letter must be submitted along with the application.**

**List name, address and phone number of reference.**

Name	Address	Phone
_____	_____	_____
_____	_____	_____

*Applicant's Signature*

*Date*

**Non-Discrimination Policy**

The University of Toledo continues its policy of non-discrimination on the basis of sex in compliance with Title IX of the Education Amendments of 1972 in all services, activities and programs under its sponsorship. In addition, the University administers all actions without regard to race, creed, color, national origin, and age or handicap as defined by law. These policies pertain to application and selection for admissions as well as for employment and all other University personnel actions.

**Return Application to:**

Mail to:

Learning Collaborative Administration Office  
The University of Toledo, MS 340  
2801 W. Bancroft  
Toledo, OH 43606  
Attn: Cathy Zimmer

Fax: 419.530.3242

Drop off: Learning Collaborative  
Rocket Hall 1830/1840  
Attn: Cathy Zimmer



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