

**PROGRAM PARTICIPATION SCHOLARSHIP FORM**

**Applicant Information**

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Cell Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

University Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Student ID#: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Please explain why you are seeking a program participation scholarship i.e. low on funds, financial hardship, want to try a program for the first time, etc.?

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Have you received a scholarship already in this current semester? YES NO (circle one)

**Declaration:**

I state that the information I have provided in this application is true and correct. I understand the participant may be withdrawn from the program and become ineligible for future scholarships due to “no show”, excessive absences or excessive late withdrawals. I understand that I must contact the program coordinator/instructor/leader a minimum of 1 (one) week in advance of program start time if I need to cancel or withdrawal from program. I will abide by the requirements of the Scholarship Agreement and UCCS Campus Recreation policies, rules, regulations, and procedures.

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Signature Date

**Submit Scholarship Form to**: Casi Frazier, Manager of Business Services, prfrazier@uccs.edu; (719) 255-7511

Students will be contacted within 1 week of applying to inform you of your scholarship status. Forms must be submitted a minimum of 10 days prior to program start date. Scholarships are awarded/prioritized on a first-come, first-served basis. Scholarships are limited in some programs due to maximum registration limitations.