

## UNIVERSITY VISION LEADERSHIP CYD LI MEMORIAL SCHOLARSHIP APPLICATION

### PURPOSE:

University Vision Leadership (UVL) is a non-profit organization that seeks to provide financial aid to students who demonstrate need. UVL offers annual scholarships to Vision 16 students to assist with the cost of room & board in the Vision 16 houses. New and returning students are eligible for the annual scholarships. Returning students must reapply each year.

### APPLICATION INFORMATION:

- Please type responses
- Send applications and applicable attachments to [universityvisionleadership@gmail.com](mailto:universityvisionleadership@gmail.com). Incomplete applications will not be considered.
- Email questions to [universityvisionleadership@gmail.com](mailto:universityvisionleadership@gmail.com).
- Any knowing misrepresentations will result in termination of consideration or revocation of scholarship.

### TIMELINE:

- Submit application by **Friday, March 30, 2018 at 11:59 PM**
- UVL will contact eligible candidates by April 13, 2018 to schedule a phone interview.
- Scholarship recipients will be notified by May 1, 2018.
- Offerees must respond by May 9, 2018.

### CRITERIA FOR SCHOLARSHIP RECIPIENTS:

- UVL Scholarship offers are contingent upon acceptance to Vision 16.
- Recipients commit to living in Vision 16 houses for one academic school year.
- Scholarship recipients must comply with all Vision 16 living obligations outlined in the Vision 16 Housing Contract and Community Living Agreement.

# UNIVERSITY VISION LEADERSHIP SCHOLARSHIP APPLICATION

## Personal Information

Name \_\_\_\_\_  
Last First

Gender: Male\_\_\_ Female\_\_\_ Birth date\_\_\_\_\_

Permanent Home Address \_\_\_\_\_  
Street/PO Box Apartment #  
\_\_\_\_\_  
City State Zip/Postal Code

Mailing Address (if different from above) \_\_\_\_\_  
Street/PO Box Apartment #  
\_\_\_\_\_  
City State Zip/Postal Code

Contact Email \_\_\_\_\_ Phone\_\_\_\_\_

## **Family Information:** (if two parents or guardians, fill out both sections)

Parent or Guardian #1 \_\_\_\_\_  
Last First Middle Initial

Address (if different from above) \_\_\_\_\_  
Street/PO Box Apartment #  
\_\_\_\_\_  
City State Zip/Postal Code

Contact Phone\_\_\_\_\_ Email\_\_\_\_\_

Occupation\_\_\_\_\_

Parent or Guardian #2 \_\_\_\_\_  
Last First Middle Initial

Address (if different from above) \_\_\_\_\_  
Street/PO Box Apartment #

\_\_\_\_\_ City State Zip/Postal Code

Occupation \_\_\_\_\_

**Academic Information**

What grade level are you entering? (select one) Freshman Sophomore Junior Senior

Intended course of study \_\_\_\_\_

What are your post-university aspirations?

**Activities:** (Fill in below or attach a separate sheet)

Extracurricular/Recreational Activities (hobbies, clubs, etc.):

Awards, Honors, Leadership Positions:

**Short Response Questions:**

*Please attach typed responses to the following questions:*

1. Why do you want to live in the Vision 16 houses?
2. What role has community played in your life?
3. What do you see as the purpose of living in community, and what are the upsides and drawbacks of community living?
4. Is there anything else you would like us to know about you?

**Financial Need:**

Please submit a statement of your financial need, considering the following questions:

- Would not receiving this scholarship change your plans?
- What is your specific financial need for room and board?
- Are you currently employed, or do you plan to work while in school? If so, please describe your anticipated hours and wages.

*Fill in the table with anticipated financial contribution from the following sources:*

| <b>Contribution Source</b> | <b>Amount</b> |
|----------------------------|---------------|
| Family                     |               |
| Self                       |               |
| Scholarship/Gift           |               |
| Financial Aid/Loan         |               |
| Other                      |               |
| <b>Total</b>               |               |

List sources of financial aid or scholarship:

|                    |                |
|--------------------|----------------|
| Financial Aid Name | Amount Awarded |
| Financial Aid Name | Amount Awarded |
| Financial Aid Name | Amount Awarded |

## UNIVERSITY VISION LEADERSHIP FINANCIAL INFORMATION FORM

This form is to be completed with the assistance of a parent or guardian of the applicant. If preferred, this section can be sent directly to [universityvisionleadership@gmail.com](mailto:universityvisionleadership@gmail.com).

Name of Applicant:

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Name of Parent(s)/Guardian(s):

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Parent/Guardian's relationship to Applicant:

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Circle parents' or guardians' approximate combined gross income for the previous year:

- |  |  |
|--|--|
| <input type="checkbox"/> Less than \$40,000    | <input type="checkbox"/> \$100,001 - \$150,000 |
| <input type="checkbox"/> \$40,001 to \$70,000  | <input type="checkbox"/> \$150,001 - \$200,000 |
| <input type="checkbox"/> \$70,001 to \$100,000 | <input type="checkbox"/> More than \$200,000   |

Include a copy of the first two pages of your tax returns (form 1040, 1040A, 1040EZ or 1099 SSA-Social Security form) for the previous two tax years. **Please remove/obscure your social security number for security purposes.**

Return this form and copies of your tax returns with the application. You may place the copies of your returns in a signed and sealed envelope for confidentiality purposes.

Acknowledgement:

*I authorize University Vision Leadership to obtain and use the information provided for the purpose of assessing the applicant's candidacy for a scholarship from University Vision Leadership. To the best of my knowledge, the financial information in this application is true, complete and accurate. Knowing misrepresentations will result in termination of consideration or scholarship revocation.*

Type your name below to acknowledge the above statement:

Applicant

Date