

# UUA SCHOLARSHIP APPLICATION

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- Stanfield and D'Orlando Art Scholarship       New Applicant  
 Reapplicant

## PERSONAL INFORMATION

NAME

FIRST, MIDDLE, LAST

CURRENT ADDRESS

STREET, APT. #

CITY, STATE OR PROVINCE, COUNTRY, ZIP OR POSTAL CODE

EMAIL ADDRESS

PHONE NUMBER

ADDRESS VALID UNTIL

PERMANENT ADDRESS

STREET, APT. #

CITY, STATE OR PROVINCE, COUNTRY, ZIP OR POSTAL CODE

DATE OF BIRTH

PHONE NUMBER

UNITARIAN UNIVERSALIST CONGREGATION

NAME OF CONGREGATION, LOCATION

ARE YOU AN ACTIVE MEMBER?

Yes

No

If not, please attach a separate page explaining your affiliation with Unitarian Universalism.

## EDUCATION

NAME OF INSTITUTION

LOCATION

DATES ATTENDED

GRADUATION DATE

**Applicants must submit an official transcript from each college attended. Applicants who have attended less than two years of college must also submit an official high school transcript.**

ARE YOU CURRENTLY ENROLLED IN ART SCHOOL?  Yes  No

IF YES, AT WHAT SCHOOL?

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IF NOT, PLEASE LIST THE SCHOOLS YOU HAVE APPLIED TO BELOW.

NAME OF INSTITUTION

LOCATION

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HAVE YOU BEEN ACCEPTED?  Yes  No

IF YES, TO WHAT SCHOOL?

WHEN YOU COMPLETE YOUR STUDIES, WHAT DEGREE WILL YOU BE AWARDED?

WHEN DO YOU EXPECT TO COMPLETE YOUR STUDIES?

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### WORK/VOLUNTEER EXPERIENCE

Please feel free to attach a resume. List most recent experience first.

TITLE/POSITION

COMPANY

LOCATION

DATES OF EMPLOYMENT

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### RECOMMENDATIONS

Recommendations should make reference to the qualities described in the essay question (see page 3).

RECOMMENDATION FROM CHURCH OFFICIAL

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NAME OF RECOMMENDER

This letter should establish and comment on your Unitarian Universalist affiliation. It should come from your minister or an officer of your church.

RECOMMENDATION FROM INSTRUCTOR

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NAME OF RECOMMENDER

This letter should come from a teacher or instructor who is qualified to evaluate your educational experience. You should obtain a recommendation from an instructor who is familiar with your artistic or legal qualifications. If you have been out of school for a considerable amount of time, you may obtain a professional recommendation.

## **ALL APPLICANTS**

### **MAIL COMPLETED APPLICATIONS TO**

SCHOLARSHIPS  
C/O U.U. FUNDING PROGRAM  
PO BOX 301149  
JAMAICA PLAIN, MA 02130  
(PHONE 617-971-9600)

### **ESSAY**

Mrs. Stanfield asked the committee to consider, “not only the intellectual attainments and potentialities of the beneficiaries but whether in character and constructive spiritual philosophy the beneficiaries are most likely to use their legal training and their **training in art** for the betterment of humankind.” In a brief essay not exceeding two typewritten pages, describe how your goals are consistent with Mrs. Stanfield’s wishes. Please include your reasons for seeking further education and your expected date of graduation.

RESUME – You may include a copy of your resume if you wish.

### **ART APPLICANTS**

#### **PORTFOLIO**

Portfolios should include 6-10 samples of what you consider to be your best work. The work should be recent and may be on a DVD or CD (Powerpoint is welcome). No more than 10 slides will be viewed; do not send more than 10.

#### **LIST OF WORKS**

On a separate sheet, please submit a list of works that includes the title, medium, size, date, and a brief explanation of your work.

#### **PLEASE NOTE**

The UUA and the Stanfield Scholarships Committee are not responsible for the return or safekeeping of portfolios of artwork or other materials submitted for use in appraisal of this application.

It is, however, the intention of the UUA and the Committee to return all artwork to the applicant if desired. Please indicate if you wish your cd returned..

# PERSONAL FINANCIAL STATEMENT

Copies of your Income Tax Return (or equivalent) from the previous calendar year (and your parents', guardians', or spouse's, if applicable) are required. If you did not file taxes, please include the most recent W-2 or 1099 forms you received.

Please check the box that best describes you for the period covered by this application.

Dependent

A parent, guardian, or spouse supported me during the last twelve months.

Single

I support only myself and am the sole source of financial support.

Single with Additional Support

I am financially responsible for myself but receive financial support from other resources.

Head of Household

In addition to myself, I am totally/partially responsible for the financial support of other persons.

**If you are a Dependent or Single with Additional Support, a Parent/Guardian/Spouse Financial Statement is required.**

## PERSONAL FINANCIAL RESOURCES

Estimate your own personal financial resources for the period covered by this application (the coming academic year).

EARNINGS	_____
SAVINGS	_____
STOCKS & BONDS	_____
CHECKING ACCOUNT & CASH	_____
OTHER (DESCRIBE)	_____
<b>SUBTOTAL</b>	_____

## OTHER FINANCIAL RESOURCES

INTEREST/DIVIDENDS	_____
SOCIAL SECURITY/VA BENEFITS	_____
FROM PARENTS/GUARDIANS	_____
FROM SPOUSE	_____
OTHER FINANCIAL AID	_____
<b>SUBTOTAL</b>	_____

**TOTAL RESOURCES** \_\_\_\_\_

PLEASE ADD THE SUBTOTALS OF PERSONAL AND OTHER FINANCIAL RESOURCES.

**ESTIMATED ANNUAL EXPENSES**

We recognize that the cost of your education can vary according to the institution you are attending. Please feel free to provide estimates for two different scenarios.

NAME OF INSTITUTION	_____	_____
TUITION	_____	_____
ROOM AND BOARD	_____	_____
HEALTH INSURANCE	_____	_____
BOOKS & SUPPLIES	_____	_____
CLOTHING, RECREATION, & PERSONAL EXPENSES	_____	_____
If this exceeds \$3,000, please explain.		
TRAVEL	_____	_____
Maximum of two roundtrip coach airfares between home and study location. Living at home, a maximum of 6 roundtrips per week.		
<b>TOTAL EXPENSES</b>	_____	_____

**TOTAL FINANCIAL NEED**

TOTAL ESTIMATED EXPENSES	_____	_____
TOTAL FINANCIAL RESOURCES FROM PREVIOUS PAGE	_____	_____
<b>TOTAL NEED</b>	_____	_____

Please subtract your total financial resources from your total estimated expenses.

If you are not awarded the Stanfield Scholarship, how else will you attempt to cover your financial need?

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**I certify that all information provided above is correct to the best of my knowledge. I understand that false or misleading information will lead to disqualification of this application.**

APPLICANT'S SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

# PARENT/GUARDIAN/SPOUSE FINANCIAL STATEMENT

Copies of your Income Tax Return (or equivalent) from the previous calendar year are required. If you did not file taxes, please include the most recent W-2 or 1099 forms you received.

## NAME OF APPLICANT

## PERSONAL INFORMATION

To be completed by Applicant's Parent, Guardian, or Spouse (please circle one).

NAME

FIRST, MIDDLE, LAST

ADDRESS

STREET, APT. #

CITY, STATE OR PROVINCE, COUNTRY, ZIP OR POSTAL CODE

OCCUPATION

MARITAL STATUS (APPLICABLE FOR PARENT/GUARDIAN OF APPLICANT ONLY)

MARRIED     SEPARATED     DIVORCED     WIDOWED

WHAT IS THE TOTAL NUMBER OF PEOPLE IN YOUR HOUSEHOLD? \_\_\_\_\_

ARE ANY MEMBERS OF YOUR HOUSEHOLD ATTENDING COLLEGE OR OTHER POST-SECONDARY EDUCATION?

Yes                       No

IF YES, HOW MANY? \_\_\_\_\_

## SUPPORTER'S ANNUAL TAXABLE INCOME

	CURRENT CALENDAR YEAR	NEXT CALENDAR YEAR
WAGES/SALARIES		
MOTHER/STEPMOTHER	_____	_____
FATHER/STEPFATHER	_____	_____
SPOUSE	_____	_____
DIVIDENDS	_____	_____
INTEREST INCOME	_____	_____
OTHER	_____	_____
<b>SUBTOTAL</b>	_____	_____

**SUPPORTER'S ANNUAL NONTAXABLE INCOME**

	CURRENT CALENDAR YEAR	NEXT CALENDAR YEAR
SOCIAL SECURITY	_____	_____
VETERANS BENEFITS	_____	_____
OTHER INCOME	_____	_____
<b>SUBTOTAL</b>	_____	_____
<b>TOTAL ANNUAL INCOME</b>	_____	_____

Please add the subtotals of your taxable and nontaxable income.

**SUPPORTER'S ANNUAL EXPENSES**

	CURRENT CALENDAR YEAR	NEXT CALENDAR YEAR
US INCOME TAX	_____	_____
IRS ITEMIZED DEDUCTIONS	_____	_____
STATE & OTHER TAXES	_____	_____
MEDICAL AND DENTAL EXPENSES NOT COVERED BY INSURANCE	_____	_____
HOUSEHOLD EXPENSES	_____	_____
UNUSUAL EXPENSES ITEMIZE AND EXPLAIN ON A SEPARATE SHEET	_____	_____
<b>TOTAL ANNUAL EXPENSES</b>	_____	_____

**ADDITIONAL INFORMATION**

	CURRENT CALENDAR YEAR	NEXT CALENDAR YEAR
EQUITY IN REAL ESTATE OWNED	_____	_____
NET INVESTMENTS	_____	_____
SAVINGS	_____	_____
CHECKING ACCOUNT & CASH	_____	_____

**TOTAL ADDITIONAL ASSETS**

**I certify that all information provided above is correct to the best of my knowledge.**

\_\_\_\_\_  
SUPPORTER'S SIGNATURE

\_\_\_\_\_  
DATE