

DEADLINE for Student Application:

postmarked April 30, 2006

___ Student Application submitted to UUA Treasurer

DEADLINE for Supporting Materials:

postmarked May 15, 2006

SUPPORTING MATERIALS CHECKLIST:

___ **Two (2) letters of recommendation**, one establishing and/or commenting on the applicant's Unitarian Universalist affiliation (*from your minister or officer of the Congregation*) and one from an individual who is qualified to evaluate the applicant's educational and/or professional experience.

___ **Transcripts** as outlined in No. 6, of the student application.

___ Parent/Guardian/Spouse confidential statement of income & expenses (if applicable)

___ Copies of your (your spouse's, parents', guardian's if applicable) most recent income tax return [e.g., IRS Form 1040, 1040A or 1040EZ] or equivalent.

Additional Notes:

- 1) Please type or print in dark ink as this document will be photocopied.
- 2) Supporting materials, such as letters of recommendation or transcripts received after May 15, 2006 will be returned to sender.

RETURN ALL MATERIALS TO:

**TREASURER'S OFFICE
UNITARIAN UNIVERSALIST ASSN.
25 BEACON STREET
BOSTON, MA 02108-2800**

For more information: UUA Treasurer's Office
617-742-2100 x306
617-367-3237 (fax)
treasurer@uua.org

**BACKGROUND INFORMATION ON THE
JOSEPH SUMNER SMITH SCHOLARSHIP PROGRAM**

The Joseph Sumner Smith Scholarship is funded by the income from the Joseph Sumner Smith Education Fund. The Fund, established in the 1870s through a \$10,000 bequest in Mr. Smith's will, came under the Association's management and administration in 1917.

Mr. Smith created the fund to assist the Unitarian Universalist students, attending either Harvard College or Antioch College, in meeting the expenses associated with their education.

While there is no restriction on the course of studies the student may elect to pursue, nor any restrictions on choice of career, students interested in pursuing the ministry after graduation are especially urged to apply.

Scholarships will be awarded based on the student's academic record, financial need, general character and level of involvement in the Unitarian Universalist community. This scholarship is not automatically renewable. Students must reapply each academic year.

As the annual income earned by the Fund is limited, the dollar value of each scholarship awarded will be determined by the number of Scholarships awarded.

6. Education (High School* and College)

Name	Location	Dates Attended	Degree

An official transcript must be submitted from current and last institution from which you graduated.

*(Required only for students who have not attended college)

7. Are you currently enrolled at Antioch _____ or Harvard _____?

8. How many other members of your family will be in college? _____
 Have they applied for aid from any other source? Yes _____ No _____
 If yes, describe nature and amounts _____

9. PLEASE CHECK ONE:

- _____ In addition to myself, I am totally responsible for the financial support of _____ other persons
- _____ I support only myself, but am my sole source of financial support.
- _____ I have financial support in addition to my own.

10. PERSONAL FINANCIAL RESOURCES

Estimate your own personal financial resources for period covered by this application:

Savings	_____
Stocks & Bonds	_____
Checking Account & Cash	_____
Other (describe)	_____

SUB-TOTAL _____

11. OTHER FINANCIAL RESOURCES AVAILABLE: (coming year)

Interest/Dividends	_____
Social Security &/or VA Benefits	_____
From parents/guardian or spouse	_____
Loans	_____
Scholarships or grants (other than Smith Fund)	_____

Do you expect to have any employment

during this period? ____ If so, describe
 the nature and estimated compensation: _____

SUB-TOTAL _____

11a. **Add** sub-totals of **10** and **11** for
TOTAL FINANCIAL RESOURCES _____

12. ESTIMATED EXPENSES:

Tuition _____
 Board & Room _____
 Health Insurance _____
 Books & Supplies _____
 Clothing, recreation,
 & personal expenses _____
 *Travel _____
 Other (describe) _____

*(If not living a home, maximum of 2 annual
 round-trip coach air fares between home and
 study location. If living at home, maximum of
 6 round trips per week)

TOTAL ESTIMATED EXPENSES _____

13. **Subtract** No. **11A (Resources)** from
 No. **12 (Expenses)** = **(NEED)** _____

14. Have you applied for or received financial assistance in any form, such as loans or
 scholarships from a school or government agency or division; gifts or loans from relatives or
 friends; Social Security or Veteran's benefits; awards from businesses or unions for the
 children of employees; or aid from any other organization or persons? ____

If so, list:

<u>Source</u>	<u>Type of Aid</u>	<u>Date Applied</u>	<u>Amount Requested</u>	<u>Notification Date</u>	<u>Amount Awarded</u>
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

15. Other than for short visits, have you resided with a parent, guardian or spouse at any other
 time during the past 12 months? Yes ____ No ____

Has a parent/guardian or spouse supported you at any time during the past 12 months?
Yes _____ No _____

Has a parent/guardian or spouse claimed you as an income tax deduction during the past calendar year? Yes ____ No ____

Parent(s)/Guardian/Spouse Support:

A parent, guardian or spouse Statement of Income and Expense is required if the answer to any of the above three questions is “yes”; this application is not complete until the statement has been received by the Joseph Sumner Smith Education Fund Scholarship Committee.

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

(FALSE OR MISLEADING INFORMATION WILL LEAD TO DISQUALIFICATION OF THIS APPLICATION.)

Date _____ Applicant’s signature _____

RETURN TO:

<p>TREASURER’S OFFICE UNITARIAN UNIVERSALIST ASSOCIATION J. S. SMITH SCHOLARSHIP PROGRAM 25 BEACON STREET BOSTON, MA 02108-2800</p>
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**PARENT/GUARDIAN/SPOUSE CONFIDENTIAL STATEMENT
OF INCOME & EXPENSES for
JOSEPH SUMNER SMITH EDUCATION FUND APPLICANT**

Name of Applicant _____

TO BE COMPLETED BY PARENT, GUARDIAN OR SPOUSE

Name of Applicant's
Father _____
Mother _____
Stepfather/Stepmother _____
Spouse or Guardian (s) _____

Address(es) of above: _____

No.	Street	City	State/Prov.	Zip Code
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Occupation:

Father / Stepfather _____ Mother /Stepmother _____
Spouse _____ Guardian _____

Parents' Marital Status:

Married _____ Separated _____ Divorced _____
Mother living _____ Father living _____

*Have you filed a U.S. Tax Return for latest required period? _____

If so, total number of exemptions claimed _____

Total number of persons in household _____

No. in college or other post-high school educational institutions _____

PARENT/GUARDIAN/SPOUSE ANNUAL INCOME AND EXPENSES

Taxable estimated income before deductions

	Current Calendar Year	Next Calendar Year
Wages/Salaries		
Father/ Stepfather	_____	_____
Mother /Stepmother	_____	_____
Spouse or Guardian	_____	_____
Dividends	_____	_____
Interest Income	_____	_____
Total Taxable Income	_____	_____

Nontaxable Income

Social Security Benefits	_____	_____
Veterans Benefits	_____	_____
Other	_____	_____

Total Nontaxable Income

_____	_____
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TOTAL INCOME

_____	_____
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ADDITIONAL INFORMATION

	Current Calendar Year	Next Calendar Year
	_____	_____

U.S. Income Tax	_____	_____
I.R.S. Itemized Deductions	_____	_____
State and Other Taxes	_____	_____
Medical & Dental Expenses not Covered by Insurance	_____	_____
**Unusual Expenses	_____	_____

TOTAL EXPENSES

_____	_____
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Equity in real estate owned (market value)	_____
Investments (stocks, bonds and other securities) Net	_____
Cash and Savings	_____
Checking Account	_____
Other Indebtedness	_____

Date _____ Signature(s) _____

* Please enclose a copy of your most recent tax return **or** equivalent, if U.S. tax return is not applicable.

**Itemize and explain below or on a separate sheet.