



# United University Professions Benefit Trust Fund Scholarship Application

UUP Benefit Trust Fund  
PO Box 15143  
Albany, NY 12212-5143  
Phone: 800-887-3863  
Fax: 866-559-0516  
www.uupinfo.org

## UUP Represented Employee Information (NYSHIP Eligible)

Name (please print): _____		NYS Employee ID: _____	
Address: _____			
Home Telephone: _____		Work Telephone: _____	
UUP Represented Employee's Campus of Employment*: _____			
*If spouse/domestic partner is also a UUP Represented Employee, please provide their name: _____			

## Student Information

Name (please print): _____		Student ID Number <sup>1</sup> : _____	
Cell Phone: _____	SUNY School Attending: _____		
Semester Start Date: _____	Semester Credits Earned: _____		
Semester End Date: _____	Semester Grade Point Average: _____		

## UUP Benefit Trust Fund Scholarship Program Information

**Who is Eligible:** The UUP Benefit Trust Fund Scholarship Program is for dependent children of active SUNY employees represented by UUP. Dependent children of UUP Retiree members or COBRA/Direct Pay participants are not eligible.

*The Scholarship Program will be available from Fall 2018 – Spring 2022. However, please note that the UUP Benefit Trust Fund Board of Trustees reserves the right to suspend or modify the Scholarship Program at any time.*

### Scholarship Award:

- for Fall 2018, the scholarship award is \$500 per semester to be used for fees, books, supplies or room and board (this award cannot be used for tuition)
- a maximum of one (1) scholarship per dependent child will be awarded each semester even if both parents are UUP Represented Employees
- a total maximum of eight (8) scholarships can be awarded per dependent child
- scholarship checks will be issued in the UUP Represented Employee's name and address of record

### Criteria: **PLEASE READ CAREFULLY** - To qualify for the scholarship, your dependent children must:

- be a dependent of a UUP Represented Employee on payroll on the last day of the semester for which they are applying
- provide an official transcript listing a minimum of 12 matriculated undergraduate credit hours earned toward degree requirements in the semester for which they are applying. For example, if 14 credits have been completed and a student fails a 3-credit course, only 11 credits have been earned
- have taken these credits at a state-operated SUNY school. (This does not include, for example, community colleges, Cornell University, Fashion Institute of Technology, Alfred University and Alfred Ceramics).
- provide an official transcript showing a 2.75 grade-point average or higher in the semester for which they are applying
- have incurred expenses of \$500 or more for fees, books, supplies or room and board for Fall 2018

### Deadline for Application

**Please submit the application promptly. DO NOT WAIT FOR THE TRANSCRIPT TO BE AVAILABLE. The application MUST be postmarked by 60 days after the end of the semester for which the dependent is applying.**

*I hereby affirm that the responses on this application are true to the best of my knowledge and that my child meets the eligibility criteria outlined above. I understand that any misrepresentation will automatically disqualify me from receiving a scholarship award. I further agree to abide by all conditions contained therein.*

UUP Represented Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

<sup>1</sup>Student ID Number is the unique student number issued by the SUNY campus.



### Official Transcript

*UUP Represented Employees/dependents are responsible for requesting that the official transcript be supplied to the UUP Benefit Trust Fund. If an official transcript is being sent separately, please include a proof of transcript request with the application.*

For additional information, please call the UUP Benefit Trust Fund at 800-887-3863.

The application and official transcript should be sent to:

**UUP Benefit Trust Fund  
P.O. Box 15143  
Albany, NY 12212-5143  
Attention: Scholarship Program**

SUNY Registrars' telephone numbers are listed below.

<b>State Operated SUNY Schools – Registrars' Telephone Numbers</b>			
SUNY Albany	518-442-5540	SUNY Geneseo	585-245-5566
SUNY Alfred	607-587-4253	SUNY Maritime	718-409-7400
SUNY Binghamton	607-777-6088	SUNY Morrisville	315-684-6066
SUNY Brockport	585-395-2531	SUNY New Paltz	845-257-3100
SUNY Brooklyn HSC	718-270-4551	SUNY Old Westbury	516-876-3000
SUNY Buffalo Center	716-645-5898	SUNY Oneonta	607-436-2531
SUNY Buffalo HSC	716-829-2505	SUNY Optometry	212-938-5500
SUNY Buffalo State	716-878-4811	SUNY Oswego	315-312-2136
SUNY Canton	315-386-7616	SUNY Plattsburgh	518-564-2100
SUNY Cobleskill	518-255-5521	SUNY Potsdam	315-267-2154
SUNY Cortland	607-753-4702	SUNY Purchase	914-251-6361
SUNY Delhi	607-746-4560	SUNY Stony Brook	631-632-6175
SUNY Empire State	518-587-2100	SUNY Stony Brook HSC	631-444-2512
SUNY ESF	315-470-6655	SUNY Upstate	315-464-4604
SUNY Farmingdale	631-420-2776	SUNY Utica/Rome	315-792-7265
SUNY Fredonia	716-673-3171		