



## Staff Council Center Scholarships Application Cover Sheet

**Application Period: March 1<sup>st</sup> to March 31<sup>st</sup>, 5:00 p.m.**

*\* Check the Staff Council Scholarship website for any deadline extensions or updates.*

**Incomplete packets will not be reviewed.**

If you have any questions, please contact [SCScholarships@uh.edu](mailto:SCScholarships@uh.edu).

### Qualification Criteria

To be considered for these scholarships, the staff member must meet the following criteria.

- Must be employed in a full-time, benefits-eligible position at the UH Main, UH at Katy, or UH at Sugar Land campus for at least one year as of March 1<sup>st</sup> of this year.
- Must be in good academic standing.
- Must demonstrate a strong commitment to academic excellence and the potential to succeed.
- Must still be employed by the University on the first day of class of the semester in which the scholarship is to be disbursed.

**Please submit your application packet as a single PDF file containing all requested information in the following order:**

- 1) Application cover sheet (Signed by UH staff member).
- 2) Typed essay (maximum one page, double-spaced, 12-point font, no exception) explaining career goals (professional objectives) and personal statement (why you believe you should receive this scholarship).
- 3) One letter of recommendation. The letter should be as specific as possible.
- 4) Your resume. The resume should include awards, honors, achievements, work experience, and activities.
- 5) Most recent transcripts of the student. The transcript does not need to be an official copy, but it must be legible.
- 6) FERPA release form to confirm enrollment eligibility, GPA, degree(s), and University employment.

Staff First Name: \_\_\_\_\_

Middle Initial: \_\_\_\_\_

Staff Last Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

UH Email Address: \_\_\_\_\_

Choose One: Undergraduate Graduate Law Medicine Optometry Pharmacy Doctorate

Choose One: New Admitted Student Returning Student Transfer Student

If awarded the Scholarship, what term(s) would you like the award disbursed?

Fall Spring Summer

I hereby acknowledge that the information submitted in the Staff Council Scholarships application form and in this application packet is true and correct and that I meet all scholarship qualifications.

Employee (UH Staff) Signature \_\_\_\_\_

Date \_\_\_\_\_

Employee ID (PeopleSoft) \_\_\_\_\_

Date Hired (mm/yyyy) \_\_\_\_\_

Academic Term: \_\_\_\_\_