

**CITY OF CINCINNATI
UNCF 2009 SCHOLARSHIP APPLICATION**

Parent, Guardian, Foster Parent Directions: This section is to be completed by the Parent or legal guardian and postmarked or received no later than 8/17/2009 : Pia Holland, Relationship Manager UNCF 8260 Willow Oaks Corporate Dr., Fairfax, VA 22031 Type or print in black ink.

Parent/ Guardian's Name:

Department and Section:

Work Address:

Employee ID:

City:

State:

Zip Code:

Work Phone#:

Home Address:

City:

State:

Zip Code:

Home Phone#:

Student's Name:

Home Address:

City:

State:

Zip Code:

Please comment on the student's academic potential, financial need, and commitment to his/her community (submit letter if needed).

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By Signing below, I affirm that all of the statements on this form are true and complete. I also affirm that I understand that in order for my child/ward to be eligible for consideration for the City of Cincinnati-UNCF scholarship that he/she must complete all phases of the award process. I affirm that my child/ward plans to enroll in a UNCF member institution during the fall of 2009, if he/she receives the UNCF college/university scholarship.

If my child/ward is a recipient of a non UNCF college/university scholarship, I affirm that my child/ward plans to enroll in their college of choice. I affirm to adhere to the same general guidelines for the UNCF membership college/university recipients.

Signature or Parent or Guardian: