



Staff Council B. Renae Milton Students of Staff Scholarship
Application Cover Sheet

Application Period: February 1st to March 15th *, 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.

Qualification Criteria

To be considered for the Staff Council B. Renae Milton Students of Staff Scholarship, the student and UH staff member must meet the following criteria.

The UH staff member:

- 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 February 1st of this year.

The student candidate:

- Must be dependent of a UH Main, UH at Katy, or UH at Sugar Land campus staff member.
- Must be a full-time, degree-seeking student in good academic standing at the UH main campus.
- Must demonstrate a strong commitment to academic excellence, the potential to succeed, and contribution to the university and/or surrounding community.

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

- 1) Application cover sheet (Signed by the student and UH staff member).
- 2) Typed essay from the student (maximum one page, double-spaced, 12-point font) explaining academic goals and a personal statement regarding why you believe you should receive this scholarship. The essay should include information about the staff member's contribution to the university and the applicant's contribution to the university and/or surrounding community.
- 3) One letter of recommendation (from a teacher, manager, community leader, etc.). The letter should be as specific as possible.
- 4) Most recent transcripts of the student. The transcript does not need to be an official copy, but it must be legible. Newly accepted students should include their High School transcript.
- 5) FERPA release form.

Student First Name: _____ Middle Initial: _____ Student 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 would you like the award disbursed?

Fall Spring Summer

I hereby acknowledge that the information submitted in the Staff Council B. Renae Milton Students of Staff Scholarship application form and in this application packet is true and correct and that I meet all scholarship qualifications.

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Student Signature _____ Date _____

Employee (UH Staff) Signature _____ Date _____

Student ID (PeopleSoft): _____

Employee ID (PeopleSoft): _____

Date Hired (mm/yyyy) _____