



United Motorcyclists of Vermont  
32 Main Street #102  
Montpelier, VT 05652  
unitedmotorcyclists.org  
802-888-4309

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## UMV Scholarship Application

United Motorcyclists of Vermont Mission: Dedicated to motorcycle safety, education, awareness, pro-motorcyclist legislation and individual freedom.

United Motorcyclists of Vermont makes available a number of \$500 scholarships / educational gifts each year. Scholarships are awarded based on membership, community service and involvement, application effort, school involvement and grades, financial need and other considerations. Please be sure to mention other circumstances you would like the committee to consider when reviewing your application. The financial need section is optional. If you wish to be considered for financial need, you must provide the information requested. UMV Scholarships are available to Vermont residents regardless of age who are seeking to further their education by attending an accredited school, tech school, college, university, etc. You may receive a UMV Scholarship only once, you can apply as many times as you wish.

March 31 is the deadline for receiving applications. Recipients are chosen and notified by May 31. Recipients must attend a UMV meeting to receive the education award. Meetings are the second Wednesday of each month at 7pm. Even number months at the VFW in Hyde Park, VT, odd number months at the American Legion in Orleans, VT.

I \_\_\_\_\_ have read and understand the conditions for the United Motorcyclists of Vermont Scholarship and attest that all information provided is accurate to the best of my knowledge.

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

Last Name: \_\_\_\_\_ First Name: \_\_\_\_\_

Street Address: \_\_\_\_\_

City (Town): \_\_\_\_\_ State: VT Zip: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Name of High School attended: \_\_\_\_\_

Graduated: Yes: \_\_\_ No: \_\_\_ GED: \_\_\_\_\_

This is my first time applying for a UMV Scholarship: Yes: \_\_\_ No: \_\_\_

Are you or a family member currently a member of UMV? Yes: \_\_\_\_\_ No: \_\_\_\_\_

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Does a current UMV member endorse your application? Yes: \_\_\_ No: \_\_\_

Endorsing Member's Name: \_\_\_\_\_

What is the intended career field/degree you are seeking? (I.e. Medicine, Engineering, Technical, Teaching, Auto Repair, etc./ Associates, Bachelors, Masters, Doctoral.)

\_\_\_\_\_

Briefly describe your career plans – what are you planning on doing and where?

\_\_\_\_\_

\_\_\_\_\_

**College(s) or Trade School(s) planning to attend: (Top Three Choices)**

1. \_\_\_\_\_ Total Expenses: \_\_\_\_\_

2. \_\_\_\_\_ Total Expenses: \_\_\_\_\_

3. \_\_\_\_\_ Total Expenses: \_\_\_\_\_

**On a separate sheet(s) of paper please type the following:**

*Typed and printed pages with your name on the top of each one please.*

- List, School Activities and Leadership Positions
- List, Out of School Activities and work experiences
- Special circumstances *optional*

### **Essay Question:**

On a separate sheet of paper please type why you should be the recipient of one of UMV's Scholarship awards. Please refer to UMV's Mission when writing your response: UMV – Dedicated to motorcycle safety, education, awareness, pro-motorcyclist legislation and individual freedom.

### **Check List – Important!**

- Read the entire document carefully and answer all questions.
- Submit all additional sheets typed and with your name at the top of each page i.e. essay, school and community activities, financial info.
- Attach a copy of your letter of acceptance from the school you are going to attend – we must see the acceptance letter before the scholarship is awarded.
- If you are graduating from high school attach a copy of your high school transcript and report card and a letter of reference from a teacher or guidance counselor.

**ALL QUESTIONS MUST BE COMPLETED AND ADDITIONAL DOCUMENTS INCLUDED IN ORDER TO PROCESS YOUR APPLICATION.**

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## Financial Info – Optional

If you wish for your financial needs to be considered please attach a copy of last years income tax form with adjusted gross income. Please white out the Social Security numbers. Supplying this information increases your total score.

Have you applied for other grants or loans for college? If yes, which ones:

Pell Grant: Yes \_\_\_ No \_\_\_      Work Study or Loans Yes \_\_\_ No \_\_\_

College Grants- Yes \_\_\_ No \_\_\_      VSAC Incentive Grants- Yes \_\_\_ No \_\_\_

(This information will be kept confidential and distributed only to the scholarship committee.)

Combined parental/guardian adjusted income: \_\_\_\_\_

Market value of home: \_\_\_\_\_      Mortgage balance \_\_\_\_\_

Student's savings and other assets: \_\_\_\_\_

Estimated parent's/guardian's contribution to first year expenses: \_\_\_\_\_

Please list unusual circumstance(s) affecting your financial need. (Trust Fund, Medical problems, Etc.)  
Attach an additional sheet if necessary.



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