



**United University Professions  
Benefit Trust Fund  
Scholarship Application**

800-887-3863  
Fax 866-559-0516  
www.uupinfo.org

**UUP Member Information**

Name (please print): \_\_\_\_\_ Member ID Number<sup>1</sup>: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_  
 UUP Member's Campus of Employment\* : \_\_\_\_\_  
 \*If spouse/domestic partner is also a UUP member, please provide member's name: \_\_\_\_\_

**Student Information**

Name (please print): \_\_\_\_\_ Student ID Number<sup>2</sup>: \_\_\_\_\_  
 Address: \_\_\_\_\_  
 Home Telephone: \_\_\_\_\_ SUNY School Attending: \_\_\_\_\_  
 Semester Start Date: \_\_\_\_\_ Semester Credits Earned: \_\_\_\_\_  
 Semester End Date: \_\_\_\_\_ Semester Grade Point Average: \_\_\_\_\_

**Application**

Applications must be postmarked within 60 days from the end of the semester for which the student is applying.

**Transcript**

If an official transcript is being sent under separate cover indicate Date of Transcript Request: \_\_\_\_\_

UUP Benefit Trust Fund Scholarship Program information and SUNY Registrars' telephone numbers can be found on the back of this application. For additional information, go to [www.uupinfo.org](http://www.uupinfo.org) or call the 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**

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

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

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

<sup>1</sup>Member ID Number is your Davis Vision Identification Card number  
<sup>2</sup>Student ID Number is the unique student number issued by the SUNY campus

# United University Professions Benefit Trust Fund Scholarship Program Information

Who is Eligible: The UUP Benefit Trust Fund scholarship program is for eligible dependent children of actively employed UUP members who are eligible for Fund benefits. Dependent children of UUP Retiree members, COBRA participants and Direct Pay participants are not eligible.

Scholarship Award:

- The scholarship award is \$500 per semester to be used for tuition, fees, books or supplies.
- A maximum of one (1) scholarship per dependent child will be awarded each semester even if both parents are UUP members.
- A total maximum of eight (8) scholarships can be awarded per dependent child.
- Scholarship checks will be issued in the UUP member's name and address of record.

Criteria: To qualify for the scholarship, your dependent children must:

- be eligible for and enrolled in the UUP Benefit Trust Fund on the last day of the semester for which they are applying
- provide an official transcript listing a minimum of 12 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 (see below). (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 2.0 grade-point average or higher in the semester for which they are applying

<b>State Operated SUNY Schools – Registrars' Telephone Numbers</b>			
<b>SUNY Albany</b>	<b>518-442-5540</b>	<b>SUNY Geneseo</b>	<b>585-245-5566</b>
<b>SUNY Alfred</b>	<b>607-587-4796</b>	<b>SUNY Maritime</b>	<b>718-409-7266</b>
<b>SUNY Binghamton</b>	<b>607-777-6088</b>	<b>SUNY Morrisville</b>	<b>315-684-6066</b>
<b>SUNY Brockport</b>	<b>585-395-2531</b>	<b>SUNY New Paltz</b>	<b>845-257-3100</b>
<b>SUNY Brooklyn HSC</b>	<b>718-270-4551</b>	<b>SUNY Old Westbury</b>	<b>516-876-3055</b>
<b>SUNY Buffalo Center</b>	<b>716-645-2450</b>	<b>SUNY Oneonta</b>	<b>607-436-2531</b>
<b>SUNY Buffalo HSC</b>	<b>716-829-2802</b>	<b>SUNY Optometry</b>	<b>212-938-5500</b>
<b>SUNY Buffalo State</b>	<b>716-878-4811</b>	<b>SUNY Oswego</b>	<b>315-312-2136</b>
<b>SUNY Canton</b>	<b>315-386-7042</b>	<b>SUNY Plattsburgh</b>	<b>518-564-2100</b>
<b>SUNY Cobleskill</b>	<b>518-255-5521</b>	<b>SUNY Potsdam</b>	<b>315-267-2154</b>
<b>SUNY Cortland</b>	<b>607-753-4702</b>	<b>SUNY Purchase</b>	<b>914-251-6360</b>
<b>SUNY Delhi</b>	<b>607-746-4617</b>	<b>SUNY Stony Brook</b>	<b>631-632-6175</b>
<b>SUNY Empire State</b>	<b>518-587-2100</b>	<b>SUNY Stony Brook HSC</b>	<b>631-444-2111</b>
<b>SUNY ESF</b>	<b>315-470-6657</b>	<b>SUNY Upstate</b>	<b>315-464-4604</b>
<b>SUNY Farmingdale</b>	<b>631-420-2776</b>	<b>SUNY Utica/Rome</b>	<b>315-792-7265</b>
<b>SUNY Fredonia</b>	<b>716-673-3171</b>		