



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

UUP Benefit Trust Fund  
PO Box 15143  
Albany, NY 12212-9954  
Phone: 800-887-3863  
www.uupinfo.org

**UUP-Represented Employee (Non NYSHIP Eligible) (send application to benefits@uupmail.org)**

Name (please print): \_\_\_\_\_ NYS Employee ID: \_\_\_\_\_  
 Street Address, City, Zip Code: \_\_\_\_\_  
 Home Telephone: \_\_\_\_\_ Work Telephone: \_\_\_\_\_ Email Address: \_\_\_\_\_  
 UUP-Represented Employee's Campus of Employment\*: \_\_\_\_\_  
 \*If spouse/domestic partner is also a UUP-Represented Employee, please provide their name: \_\_\_\_\_

**Student Information**

Name (please print): \_\_\_\_\_ Student ID Number: \_\_\_\_\_  
 Cell Phone: \_\_\_\_\_ SUNY School Attending: \_\_\_\_\_  
 Semester Start Date: \_\_\_\_\_ Semester Credits Earned: \_\_\_\_\_  
 Semester End Date: \_\_\_\_\_ Semester Grade Point Average: \_\_\_\_\_

**UUP Benefit Trust Fund Scholarship Program Information**

**Who is Eligible:** The UUP BTF Scholarship Program is for dependent children of active SUNY employees represented by UUP who are on payroll or on approved leave during the last pay period of the semester for which the scholarship is being awarded. Dependent children who turn 26 anytime during the semester for which the scholarship is being awarded are no longer eligible. Also, dependent children of UUP Retiree members or COBRA/DP participants are not eligible.

*The UUP BTF Board of Trustees reserves the right to suspend or modify the Scholarship Program at any time.*

**Scholarship Award:**

- for Spring 2026, the scholarship award is \$850 per semester to be used for fees, books, or supplies (this award cannot be used for room and board or tuition).
- a maximum of one (1) scholarship per dependent child will be awarded each semester even if both parents are UUP-Represented Employees.
- a total maximum of eight (8) scholarships can be awarded per dependent child.
- scholarship checks will be issued in the UUP-Represented Employee's name and address of record.

**Criteria: PLEASE READ CAREFULLY - To qualify for the scholarship, your dependent children must:**

- be a dependent child of a UUP-Represented Employee who is on payroll or on approved leave during the last pay period of the semester for which they are applying.
- provide an **official transcript** listing a minimum of 12 matriculated 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. **Please do not request the transcript before the grades have been posted.** Send the transcript to benefits@uupmail.org.
- have taken these credits at a state-operated SUNY school which employs UUP-Represented Employees (this does not include community colleges, Cornell, Fashion Institute of Technology, Alfred University or Alfred Ceramics).
- provide an official transcript showing a 2.75 grade-point average or higher in the semester for which the scholarship is being awarded.
- have incurred expenses of \$850 or more for fees, books, or supplies for the semester for which they are applying and **are under the age of 26.**

**Deadline for Application**

**Please submit the application promptly. DO NOT WAIT FOR THE TRANSCRIPT TO BE AVAILABLE. The application MUST be postmarked by 60 days after the end of the semester for which the dependent child is applying.**

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

UUP-Represented Employee Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
 Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_



## Official Transcript

*UUP-Represented Employees/dependent children are responsible for requesting that the official transcript be supplied to the UUP Benefit Trust Fund. If an official transcript is being sent separately, please include proof of transcript request with the application.*

For additional information, please call the UUP Benefit Trust Fund at 800-887-3863, Option 1.

The application and official transcript should be sent to:

**UUP Benefit Trust Fund**

**P.O. Box 15143**

**Albany, NY 12212-9954**

**Attention: Scholarship Program**

**If using email, please send application & transcript to [benefits@uupmail.org](mailto:benefits@uupmail.org)**

SUNY Registrars' telephone numbers are listed below.

<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>607-587-4253</b>	<b>SUNY Maritime</b>	<b>718-409-7400</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 Downstate</b>	<b>718-270-4551</b>	<b>SUNY Old Westbury</b>	<b>516-876-3000</b>
<b>SUNY Buffalo Center</b>	<b>716-645-5698</b>	<b>SUNY Oneonta</b>	<b>607-436-2531</b>
<b>SUNY Buffalo HSC</b>	<b>716-829-2505</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>315-386-7616</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>914-251-6361</b>
<b>SUNY Delhi</b>	<b>607-746-4560</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>631-444-2512</b>
<b>SUNY ESF</b>	<b>315-470-6655</b>	<b>SUNY Upstate</b>	<b>315-464-4604</b>
<b>SUNY Farmingdale</b>	<b>934-420-2776</b>	<b>SUNY Polytechnic</b>	<b>315-792-7265</b>
<b>SUNY Fredonia</b>	<b>716-673-3171</b>		