

**University of Cincinnati**  
**Winnie Unnewehr Fraser Scholarship Application**

***Section I***

First Name ↓	Last Name ↓	UC ID# ↓

Date of Birth: \_\_\_\_\_ Class status in **2009/2010**:  Sophomore  Junior  Pre-Junior  Senior

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Hometown: City, State (for international students: City, Country) \_\_\_\_\_

High School: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

College: \_\_\_\_\_ Estimated date of graduation from UC: \_\_\_\_\_

Major: \_\_\_\_\_ Area of focus within major: \_\_\_\_\_

Description of your physical disability: \_\_\_\_\_

***Section II***

ESSAY – On a separate sheet of paper, please submit a typed, 12 point font, double-spaced, one-page essay that includes the following:

1. Your career objective
2. Why you have chosen this field
3. Personal characteristics that will contribute to your success in attaining your education and career goals

*Note to Applicant: Please submit this application, your essay, and your reference form together in order to facilitate processing.*

**I certify that the information provided in this scholarship application is true and correct.**

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

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***Section III***

***PERSONAL/PROFESSIONAL REFERENCE FORM***

***Note to the applicant: Please complete the top portion of this form and then give it to the person who knows you well enough to recommend you for this scholarship.***

Applicant's Name: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

College: \_\_\_\_\_ Major: \_\_\_\_\_

***Note to the reference: Please answer the following and return this form to the applicant by \_\_\_\_\_***

How long have you known the applicant? \_\_\_\_\_

And, in what capacity? \_\_\_\_\_

Please describe in detail why you are recommending this person for the Winnie Unnewehr Fraser Fund Scholarship (You may use the back of this form or attach a separate sheet of paper.)

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Name of Reference: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone: (\_\_\_\_) \_\_\_\_\_ Email: \_\_\_\_\_

Signature of Reference: \_\_\_\_\_