

**UCLA Division of Undergraduate Education
Transfer Alliance Program (TAP) Scholarship
2017-18 Application**

The UCLA College is pleased to announce the Transfer Alliance Program Scholarships (TAP) for transfer students who enter UCLA in Fall 2017. Eligible students have completed the Scholars/Honors Program and received certification from their community college. Scholarships are based on merit and financial need.

Eligibility:

- Community college TAP students admitted to the UCLA College for Fall 2017.
- Additionally, applicants' citizenship status must fall into one of the following categories:
 - (1) U.S. citizens;
 - (2) Eligible non-citizens as defined by UCLA Financial Aid Office regulations; or
 - (3) F1 visa holders ([Click here to view the F-1 Visa web page](#))
or J1 visa holders ([Click here to view the J-1 Visa web page](#)).
- Applicants must submit a FAFSA by March 2 and be eligible for need-based financial aid at UCLA. F1 and J1 visa holders will be notified regarding materials that must be submitted to establish financial need.

Note: Eligible non-citizen recipients and visa holders **MUST** verify their status prior to disbursement to remain in compliance with guidelines of the TAP Scholarship Program.

Award Amount: \$5,000 per academic year. Renewable for a second year if awardee:

- maintains a minimum cumulative **3.0 GPA at UCLA**;
- completes **an average of 15 units per quarter (minimum 45 units per academic year)**; and
- participates in *or* is committed to participating in undergraduate research or an off-campus internship. This requirement may be fulfilled by completing **at least 2 units** of:
 - (1) Course 99 (entry-level research), or
 - (2) Courses 197, 198, or 199 (independent study/research), or
 - (3) Course 195 (Community or Corporate Internship).

Application Procedure (do NOT staple application materials):

- Complete the Transfer Alliance Program (TAP) Scholarship application.
- **Write an essay** (300 words or less, one double-spaced page maximum) **that answers: What specific research and/or creative interests inspired you to continue your education, and how do you wish to pursue these interests? What are your goals after you complete your UCLA degree?** (The essay will represent a sample of your writing.)
- Provide a letter of recommendation from a school instructor, counselor, or administrator.

Note: Recommenders may mail the completed recommendation separately, but the review committee **strongly suggests** that recommendations be submitted by the student together with all other requisite application materials. To maintain confidentiality, letters should be enclosed in a sealed, signed envelope with the student's name written on the front.

Deadline:

Application and supporting materials **must be postmarked no later than Friday June 2, 2017.**

Submit completed applications to:

Transfer Alliance Program (TAP) Scholarship
UCLA Scholarship Resource Center
330 De Neve Drive
233 Covell Commons
Los Angeles, CA 90095-7247

Notification:

Applicants will be notified by July 31 via e-mail. **REQUIRED:** Follow this link to provide contact information for notification purposes. If you are applying for more than one SRC scholarship, you must provide this information for each application.
<http://goo.gl/forms/y8RZ4nG56B>

UCLA Division of Undergraduate Education
Transfer Alliance Program (TAP) Scholarship
Application

FOR OFFICE USE ONLY:				
HU	LS	PS	SS	Other

Please provide all requested information – type or print legibly:

9-digit
 UCLA ID #: _____ Last 4-digits of Social Security #: _____

Name – last: _____ first: _____ middle: _____

Permanent
 Address: _____

City: _____ State: _____ Zip code: _____

Local Address: _____

City: _____ State: _____ Zip code: _____

Permanent phone: _____ Local phone: _____

Cell phone: _____ E-mail: _____

Citizenship
 status: U.S. Citizen Permanent Resident F-1 Visa J-1 Visa

Gender: Male Female

Transferring
 from: _____ Community College
 Cumulative GPA: _____

Number of community college units completed: _____ Semester Quarter

What is your declared UCLA major? _____

When do you expect to graduate from UCLA (quarter and year)? _____

- Financial Aid:
- I filed a Free Application for Federal Student Aid (FAFSA) prior to March 2.
 - I designated UCLA as a recipient of my FAFSA application data.

Write an essay (300 words or less, one double-spaced page maximum) that answers:
What specific research and/or creative interests inspired you to continue your education, and how do you wish to pursue these interests? What are your goals after you complete your UCLA degree?
 (The essay will represent a sample of your writing.)

**Name of Honors/Scholars Program Director,
 Coordinator, Counselor, or faculty member who will
 write your letter of recommendation:** _____

Application deadline: Postmarked no later than Friday, June 2, 2017.

Submit completed applications to:
 TAP Scholarship
 UCLA Scholarship Resource Center
 330 De Neve Drive
 233 Covell Commons
 Los Angeles, California 90095-7247

FOR OFFICE USE ONLY – DATE RECEIVED:

UCLA Division of Undergraduate Education
Transfer Alliance Program (TAP) Scholarship
Recommendation form

FOR OFFICE USE ONLY:				
HU	LS	PS	SS	Other

Applicant's Name: _____

UCLA ID #: _____

To the applicant:

Please give this form to the Honors/Scholars Program Director, Coordinator, Counselor, or faculty member who can comment on your qualifications for this scholarship. For the convenience of the person who makes the recommendation, you should include an envelope addressed to the UCLA office on this recommendation form. Recommenders may mail recommendation form and/or letter of recommendation separately; however, the review committee strongly encourages applicants to submit all requisite application materials at the same time.

Under the Federal Family Educational Rights and Privacy Act of 1974, students are entitled to review their records, including letters of recommendation; however, those who write and assess recommendations may attach more significance to those documents if they know their comments will remain confidential. You may choose the option to waive your right to access these recommendations. Please check the appropriate statement to indicate your choice, and then sign your name below.

- I waive my right to review this recommendation.
- I do not waive my right to review this recommendation.

Applicant's signature _____

Date: _____

RECOMMENDATION
(Please type or write legibly)

Recommender's Name: _____

Title: _____ Institution: _____

Address: _____

City: _____ State: _____ Zip code: _____

Phone number: _____ E-mail: _____

I have known the applicant for: _____ year(s) and _____ months.

I know the applicant: very well fairly well slightly

I know the applicant in the following capacity: advisee student

other (please specify): _____

Please rate the applicant on the following:	Excellent	Good	Average	Needs improvement	Poor
Oral communication skills	5	4	3	2	1
Leadership ability	5	4	3	2	1
Academic ability	5	4	3	2	1
Written communication skills	5	4	3	2	1
Takes initiative	5	4	3	2	1

Indicate the strength of your overall endorsement of the applicant:

- Highly recommend
 Recommend
 Recommend with some reservation

Please add additional information, which you believe pertinent to the selection of this applicant for the Transfer Alliance Program Scholarship. Please feel free to attach an additional sheet(s) or a letter.

Recommender's signature: _____

Date: _____

Note: Recommenders may mail the completed recommendation separately, but the review committee strongly suggests that recommendations be submitted by the student together with all other requisite application materials. To maintain confidentiality, letters should be enclosed in a sealed, signed envelope with the student's name written on the front.

Thank you for completing this recommendation. If you choose to send this recommendation form and/or letter separately, please mail it to:

Transfer Alliance Program (TAP) Scholarship
(Recommendation)
c/o Angela Deaver Campbell, Director
UCLA Scholarship Resource Center
330 De Neve Drive
233 Covell Commons
Los Angeles, CA 90095-7247

<p>FOR OFFICE USE ONLY – DATE RECEIVED:</p>
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<p>Application and supporting materials must be postmarked no later than Friday, June 2, 2017. Recommendations not postmarked by this date will render student's application incomplete.</p>
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