

**UCLA Division of Undergraduate Education  
Transfer Alliance Program (TAP) Scholarship  
2012–13 Application**

The UCLA College is pleased to announce the Transfer Alliance Program Scholarships (TAP) for transfer students who enter UCLA in Fall 2012. 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 2012.
- 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 5 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 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:**

- Complete the Transfer Alliance Program (TAP) Scholarship application.
- **Write an essay (300 words, one double-spaced page) 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 1, 2012.**

**Notification:**

Applicants will be notified on or before Monday, July 23, 2012.  
Type or print legibly your e-mail address.

**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

**UCLA Division of Undergraduate Education  
Transfer Alliance Program (TAP) Scholarship  
2012–13 Application**

FOR OFFICE USE ONLY:				
HU	LS	PS	SS	Other

*Please provide all requested information – type or print legibly:*

9-digit  
UCLA ID #: \_\_\_\_\_  
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 5.  
 I designated UCLA as a recipient of my FAFSA application data.

**Write an essay (300 words, one double-spaced page) 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 1, 2012.**

**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: \_\_\_\_\_

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**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): \_\_\_\_\_

<b>Please rate the applicant on the following:</b>	<b>Excellent</b>	<b>Good</b>	<b>Average</b>	<b>Needs improvement</b>	<b>Poor</b>
Oral communication skills	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Leadership ability	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Academic ability	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Written communication skills	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 1
Takes initiative	<input type="checkbox"/> 5	<input type="checkbox"/> 4	<input type="checkbox"/> 3	<input type="checkbox"/> 2	<input type="checkbox"/> 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 (TAP) 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

<b>FOR OFFICE USE ONLY – DATE RECEIVED:</b>    
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Application and supporting materials **must be postmarked no later than Friday, June 1, 2012.**  
Recommendations not postmarked by this date will render student's application incomplete.