



**MARIE AND JIM MURPHY  
CTAS/COAT GRADUATE  
SCHOLARSHIP APPLICATION**

Please print or type all information. Submit your completed application with supporting materials by July 12, 2017 to:

**1610 University Avenue, Knoxville, TN 37921**

*Eligible applicants for the Murphy CTAS/COAT Graduate Scholarship include children or grandchildren of CTAS or COAT employees/members or retirees. If none are available then the funds available for awarding will be returned to the corpus.*

Check one:     TN Resident             Nonresident (as determined by residency classification)

Check one:     Senior                             Graduate Student

Campus, check one:     UT Chattanooga     UT Knoxville             UT Martin  
                                  UT Health Science Center, Memphis     UT Space Institute, Tullahoma

Indicate for which semester(s) you are applying:                             Fall 2016                             Spring 2017

Name (last, first, middle initial): \_\_\_\_\_

UT ID No. or Social Security No. \*\*: \_\_\_\_\_

Permanent address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Phone (with area code): ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Email address: \_\_\_\_\_

Date of birth (month/day/year): \_\_\_\_\_/\_\_\_\_\_/\_\_\_\_\_

Previous/current college attended (name/city/state): \_\_\_\_\_  
\_\_\_\_\_

Dates attended:            From \_\_\_\_\_ (month) \_\_\_\_\_ (year) to \_\_\_\_\_ (month) \_\_\_\_\_ (year)

Total credit hours completed: \_\_\_\_\_                            Cumulative GPA earned: \_\_\_\_\_

Expected UT graduation date: \_\_\_\_\_

Intended or current course of study or major: \_\_\_\_\_

Parent/Guardian information (if applicable):

Name (last, first, middle initial): \_\_\_\_\_

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

City/State/Zip Code: \_\_\_\_\_

Phone (with area code): ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

Email address: \_\_\_\_\_

Are you receiving other scholarships?        Yes                          No

If yes, please list all scholarship(s) and amount(s) on a separate page.

**ON SEPARATE PAPER, PLEASE PROVIDE:**

- A short essay describing your education and career goals, any leadership experience, community service, volunteer service and public service aspirations.
- Letter of reference from a sponsoring CTAS or COAT employee, member or retiree.
- Up to three letters of support from family, professors, mentors or friends highlighting your experience in leadership, community service or volunteer service.
- A copy of your college transcript(s).

**RELEASE STATEMENT** *(Please sign below. If you do not, the application is incomplete.)*

I, the undersigned, hereby authorize the IPS Scholarship Selection Committee to access and review any and all educational records in my name or relating to my enrollment at The University of Tennessee. I confirm by my signature below that the information I have provided is accurate and true to the best of my knowledge. I verify that I have read and agree to the basic terms and conditions of the scholarship. I understand that the scholarships are awarded at the discretion of the IPS Scholarship Selection Committee.

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

*Note: All documents become the property of the IPS Scholarship Selection Committee.*

\* *Immediate relatives of an CTAS/COAT employee (member) include spouse, niece, nephew, brother or sister pursuing a graduate or undergraduate degree at a UT campus.*

\*\* *Disclosure of your Social Security number is optional. If you receive a scholarship, you must provide your Social Security number for tax purposes.*

The University of Tennessee does not discriminate on the basis of race, sex, color, religion, national origin, age, disability, or veteran status in provision of educational programs and services or employment opportunities and benefits. This policy extends to both employment by and admission to the university.

The university does not discriminate on the basis of race, sex, or disability in its education programs and activities pursuant to the requirements of Title VI of the Civil Rights Act of 1964, Title IX of the Education Amendments of 1972, Section 504 of the Rehabilitation Act of 1973, and the Americans with Disabilities Act (ADA) of 1990.

Inquiries and charges of violation concerning Title VI, Title IX, Section 504, ADA or the Age Discrimination in Employment Act (ADEA) or any of the other above referenced policies should be directed to the Office of Equity and Diversity (OED), 1840 Melrose Avenue, Knoxville, TN 37996-3560, telephone (865) 974-2498 (V/TTY available) or 974-2440. Requests for accommodation of a disability should be directed to the ADA Coordinator at the UTK Office of Human Resources, 600 Henley Street, Knoxville, TN 37996-4125.