SOUTHERN OREGON VITICULTURE & ENOLOGY SCHOLARSHIP APPLICATION

STUDENT INFORMATION			
Name:			
Date of birth:	Student ID:		Phone:
Current address:			
City:	State:		ZIP Code:
EMPLOYER INFORMATION			
Current employer:			
Employer address:			
City:	State:		ZIP Code:
Phone:	E-mail:		Position:
Length of Employment:	Employer Support Amount for Student: (Up to \$2,000 will be matched)		
Note: Please state the amount of support you'll be contributing to you employee/student per academic year. Up to \$2,000 will be matched by the Umpqua Foundation. You may pay per term, or with one check to be split throughout the academic year. Payments are to be made out to Umpqua Community College Foundation (Please see bottom of form).			
ENROLLMENT INFORMATION			
I plan to attend: ☐ Summ	er 🗆	Fall [☐ Winter ☐ Spring
Enrollment Status (Credits) \square Full-Time (12+) \square Part-Time (9-11) \square Part-Time (6-8) \square Part-Time (3-5)			
Program: AAS – Viticulture/Enology Certificate - Viticulture Pathway Certificate - Wine Marketing ENL/ESOL			
My first language is: \qed English		Spanish	☐ Other
Note: Students may also enroll in ENL/ESOL (English as a Non-Native Language/English for Speakers of Other Languages) as part of this scholarship.			
REFERENCES			
Name	Address		Phone
SIGNATURES			
I authorize the verification of the information provided on this form as to my employment and enrollment. I have received a copy of this application.			
Signature of applicant:			Date:
Signature of Employer:			Date:
Signature of UCC Foundation Representative:			Date:
Please submit application to the V&E department: Umpqua Community College Attn: Andy Swan 1140 Umpqua College Rd. Roseburg, Or 97470		Checks must be made out and submitted to: Umpqua Community College Attn: UCC Foundation 1140 Umpqua College Rd. Roseburg, Or 97470	