



UTI FOUNDATION

**UTI Foundation  
David A. Dutrisac Memorial Scholarship  
Information Sheet**

**Objective:**

To honor the memory of David A. Dutrisac, a former student who was unable to fulfill his dream of becoming a motorcycle technician at the Motorcycle Mechanics Institute Phoenix campus, by awarding a \$1,000 scholarship to a current student at the MMI Phoenix campus. This scholarship will be presented as a tuition grant-in-aid to assist in funding a portion of the recipient's education.

**Criteria for awarding the scholarship:**

Current students who are attending the MMI Phoenix Campus and who meet all the criteria listed below may apply for this \$1,000 grant-in-aid (applied to the student's tuition, prorated over the entire term of the student's program). To be eligible, a student must:

1. Be a military veteran.
2. Be a student in good standing at the MMI Phoenix, AZ campus.
3. Write a 250 word essay stating why your career goals are to become a motorcycle technician.
4. Submit a letter of recommendation from an employer, guidance counselor or instructor.
5. Submit the completed application with letter of recommendation by the deadline date.

**Process and Rules:**

Information regarding this scholarship will be posted on the UTI Foundation website ([www.utifoundation.net](http://www.utifoundation.net)) and linked to the UTI Corporate website.

Any student meeting the criteria may apply. Students will complete an application including essay, along with a letter of recommendation and submit it to the UTI Foundation. Students who apply and meet all requirements will be considered for this grant-in-aid. Determinations of who will receive the award will be based on a complete review of all applications received prior to the deadline.

Of those applications received, each will be reviewed for completeness and authenticity of all information provided. Of those viable applications, the award will be distributed to the student who presents the greatest commitment to becoming a motorcycle technician through the ideas expressed in the essay portion of the application. All viable applications will be reviewed by the UTI Foundation. Applicants will be notified via U.S. mail after deadline date.

The UTI Foundation does not discriminate against or tolerate the harassment of any potential applicant, applicant or student on the basis of race, color, national origin, sex, religion, disability, age, or any other legally protected status in the provision of its courses, programs, services or activities.

***This Program is ONLY available at the MMI Phoenix Campus.***

**DEADLINE INFORMATION:**

***By FAX: applications must be received by March 1, 2009.***

***By MAIL: applications must be postmarked no later than March 1, 2009.***

Fax to: 623-445-0986 (Note: If you hear a voice, please press the (\*) star key) –or– 623-445-9501, Attn:  
UTI Foundation

Mail to: UTI Foundation, 20410 N. 19<sup>th</sup> Ave., Suite 200, Phoenix, AZ 85027



# Letter of Recommendation

(to be filled out by an Employer, Guidance Counselor/Instructor, etc.)

## SECTION I: APPLICANT INFORMATION

Name: \_\_\_\_\_ Student ID#: \_\_\_\_\_  
 Address: \_\_\_\_\_ Phone: \_\_\_\_\_  
 City, State, Zip: \_\_\_\_\_ E-Mail: \_\_\_\_\_

## SECTION II: RECOMMENDATION

Company: \_\_\_\_\_ Phone: \_\_\_\_\_  
 Name: \_\_\_\_\_ Title: \_\_\_\_\_  
 Address: \_\_\_\_\_ City, State, Zip: \_\_\_\_\_

1. How long have you known the applicant? \_\_\_\_\_ Years \_\_\_\_\_ Months

2. Please give your personal appraisal of the applicant with regard to the following:

	Excellent	Good	Average	Needs Improvement
Attendance & Punctuality	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Cooperation	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Judgment	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Initiative	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Mechanical Aptitude	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Reliability	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Work Ethic	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

3. Please comment on the ability and accomplishments exhibited by the applicant. In addition, please address why you are recommending them. (Please use an additional page if necessary.)

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

**Attach to application and send to:**

Mail to: UTI Foundation  
 OR 20410 N. 19th Avenue, Suite 200, Phoenix, AZ 85027  
 Fax to: 623-445-0986 (Note: If you hear a voice, please press the (\*) star key) –or– 623-445-9501

