



UTI FOUNDATION

Cheryl Bond Student Emergency Travel Grant

Information Sheet

Cheryl Bond was a UTI employee who had a deep affection for the company and a belief in its purpose. She was dedicated to helping as many students as possible achieve their dream of becoming an automotive, diesel, motorcycle or marine technician. To honor Cheryl's memory and to create a permanent tribute in her name, her friends and family have made memorial donations to the Cheryl Bond Student Emergency Travel Grant.

Purpose:

The purpose of the fund is to provide additional resources to those students who are struggling to overcome an emergency situation, that occurred while traveling more than 250 miles to a UTI campus to start school, that would prevent them from starting school. The award can be used to provide assistance with these emergency travel-related expenses such as: auto repairs, lodging, meals, etc.

Selection Process:

Selection of award recipients will be made by the UTI Foundation.

Award Amount:

The award will consist of a cash grant. The number of awards made annually and the amount of each award will be determined by reviewing the emergency request against the available funds.

Award Criteria:

- A recent high school graduate
- A demonstrated emergency travel-related financial need as described in the application form
- Nomination by a UTI field or campus representative stating the problem and the requested amount
- Documentation/receipts to support the emergency claim and financial need – can be sent later to expedite assistance
- Travel must be 250 or more miles from campus

Additional Information:

- The bank money order in the student's name will be sent via overnight mail to the financial aid office at the UTI campus.
- Every attempt will be made to process the request within 48 hours.
- The student's social security number is necessary to expedite payment



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Cheryl Bond Student Emergency Travel Grant *Application Form*

Name of Student: _____

Address: _____

City/Zip: _____

Student's Social Security Number: _____

Graduation date from high school: _____

Start Date: _____ Amount Requested _____

UTI Campus: _____

Description of en route travel-related emergency (attach documentation):

Name of UTI Representative making the request on your behalf: _____

Region: _____ Campus: _____

Telephone Number and email: _____

Submit completed application form and supporting documentation to:

Fax to: 623-445-0986 or 623-445-9501, Attn: UTI Foundation

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