Objective:
To provide tuition grants-in-aid to students with an independent status as determined by the FAFSA who seek to enroll at Universal Technical Institute Exton, Pennsylvania campus for the start dates between January 1st and December 31st 2009, who show financial need and who reflect a true commitment their educational goals while having to balance their life commitments (based on the criteria outlined below.) This program is funded entirely through the UTI Foundation, a separate charitable organization devoted to supporting qualifying UTI students with the financial assistance required to complete technical training.

Criteria for awarding the scholarship:
Enrolled students who meet all other admissions requirements for Universal Technical Institute Exton, PA campus, and ALL the criteria below, may apply for a grant-in-aid through the UTI Foundation Scholarship Fund (applied to the student's account as a tuition grant, prorated over the entire term of the student's program):

To determine your eligibility for this scholarship program, you must:

- have completed your FAFSA and have been determined to be Independent (Free Application for Federal Student Aid), (for questions on the completion or approval of your FAFSA, call the Financial Aid Department at 1-866-609-6930);
- be starting classes at the Exton PA campus between January 1st and December 31st 2009;
- reflect financial need as assessed through the information provided in the FAFSA and other factors;
- have a letter of recommendation from an employer, guidance counselor or instructor;*
- clearly express a commitment to their educational goals while balancing life commitments; and
- submit the application and letter of recommendation by the deadlines outlined below.

Process and Rules:
Information about this grant-in-aid will be published to all enrolled students for the affected start dates. Students who have not yet enrolled for these start dates will be notified after enrollment. This information will also be posted on the UTI Foundation website (www.utifoundation.net).

Any student meeting the criteria may apply. Students will complete an application and submit it to the UTI Foundation. Students who apply and meet all requirements will be considered for this grant-in-aid. For all applicants, the deadline for RECEIPT of the application and all required attachments by the UTI Foundation is before midnight Sunday, FIVE WEEKS prior to the student’s scheduled start date.

Of those applications received, each will be reviewed for completeness and accuracy of all information provided. Of those viable applications, the awards will be distributed to those students who present the greatest financial need combined with the best likelihood of success through the ideas expressed in the essay portion of the application and reference letter. All viable applications will be reviewed by the UTI Foundation Scholarship Committee.

This award is based on the student’s enrolled start date. If a student changes start dates, this grant-in-aid will be lost. It is not transferable to any other start date or person. The award is provided by the UTI Foundation and is applied directly to the student’s tuition. The award is spread out over the term of the program and any unused portion of the scholarship will be pro-rated and returned to the UTI Foundation.

Neither the UTI Foundation nor UTI discriminates against or tolerates 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.

* If the named parties are not available as a resource, a letter of recommendation can be submitted from any other non-family member who can attest to the student’s positive attitude and likelihood of success in the training program and future career. A reference form is attached which can be used in lieu of a letter.

Funding for this program is limited and the program may be suspended at the discretion of the UTI Foundation. Such a suspension would not affect students who had already been awarded the scholarship.
"Independence for Tomorrow" Exton Campus Tuition Scholarship Program 2009

Name: _______________________________ Student ID No.: _______________ Start Date: __________________

Please answer the questions below to determine your eligibility to apply for the Independence for Tomorrow Exton campus Program.

1. Have you completed your FAFSA (Free Application for Federal Student Aid) and have been declared Independent?   Y     N
2. Have you included your letter of recommendation from an employer, guidance counselor or instructor*? Y     N
3. Are you enrolled to start classes at the Exton PA campus between January 1st and December 31st 2009? Y     N

If you have answered “yes” to the questions above, you are eligible to apply.

Please describe (in approximately 50 words) how you will show a commitment to your educational goals while in school while balancing your life commitments. (You can use the space below to legibly write your paragraph or attach a separate sheet with your legible handwritten or type-written paragraph.)

_________________________________________________________________________________________________________________________
_________________________________________________________________________________________________________________________
_________________________________________________________________________________________________________________________
_________________________________________________________________________________________________________________________
_________________________________________________________________________________________________________________________
_________________________________________________________________________________________________________________________
_________________________________________________________________________________________________________________________

I attest that the information provided in this application is accurate.

______________________________________________________________   __________________________
Student Signature             Date

Please see the UTI Foundation “Independence for Tomorrow” Exton Campus Tuition Scholarship Program Information Sheet for rules and details.

Deadlines for receipt of application: All applications must be received before midnight Sunday, at least FIVE WEEKS prior to your scheduled start date.

Please read the documents carefully, and submit the application form with essay and letter of recommendation to:

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. 19th Ave., Suite 200, Phoenix, AZ 85027
Questions: Please call 623-445-0889

This Program is funded through the UTI Foundation, and is ONLY available at the Exton, PA campus.

* If the named parties are not available as a resource, a letter of recommendation can be submitted from any other non-family member who can attest to the student’s positive attitude and likelihood of success in the training program and future career. A reference form is attached which can be used in lieu of a letter.

For Internal Use Only:
Approved/Denied (circle one)
Evaluation Results:

By: Title: Date:

Revised 2008_10_24
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:

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<th>Excellent</th>
<th>Good</th>
<th>Average</th>
<th>Improvement</th>
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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