

**University of Tennessee at Chattanooga**  
**LITTLETON H. MASON MEMORIAL SCHOLARSHIP**

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**PERSONAL INFORMATION:**

Name: \_\_\_\_\_ UTC ID#: \_\_\_\_\_

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

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Home Phone#: (\_\_\_\_) \_\_\_\_\_ Cell Phone#: (\_\_\_\_) \_\_\_\_\_

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

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_

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**ACADEMIC CLASSIFICATION:**

☐ Freshmen ☐ Sophomore ☐ Junior ☐ Senior ☐ Post-Baccalaureate

**2020-2021 Terms you plan to attend:**

☐ Fall Semester 2020

☐ Spring Semester 2021

☐ Summer Semester 2021

Cumulative GPA: \_\_\_\_\_ Cumulative Credit Hours Earned: \_\_\_\_\_

Major(s): \_\_\_\_\_ Minor(s): \_\_\_\_\_

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Student Activities: \_\_\_\_\_

\_\_\_\_\_

Leadership Roles: \_\_\_\_\_

\_\_\_\_\_

Community Involvement: \_\_\_\_\_

\_\_\_\_\_

*Please discuss how receiving the Dr. Littleton H. Mason Scholarship will enhance your academic experience at UTC?*

**Certification:**

I certify that all information furnished on this form is complete and accurate to the best of my knowledge. I understand that the Office of Multicultural Affairs will verify information received on this application and that withholding information in this application or giving false information may make me ineligible for this scholarship at the University of Tennessee at Chattanooga.

\_\_\_\_\_  
**Student Signature**

\_\_\_\_\_  
**Date**

Return Completed application to:  
The University of Tennessee at Chattanooga  
Office of Multicultural Affairs-350 University Center  
615 McCallie Avenue • Department 1951 • Chattanooga, TN 37403-2598  
Phone (423) 425-5648 • Fax (423) 425-5649