

# Regents' Scholarship

## Application for a Leave of Absence

801-321-7159 ♦ PO Box 145114 ♦ Salt Lake City, Utah 84114-5114 ♦ regentsscholarship@utahsbr.edu

This application is to be used by students who have qualified for and received at least one award payment for the Regents' Scholarship Exemplary Academic Achievement Award; to request a leave of absence from the traditional semesters of Fall and Spring or Fall and Winter if attending BYU. Students do not need to complete this form if they are taking leave for Spring term, Summer term or Summer semester. You may also want to consider completing the attached *Student Information Release Form* if you will be unavailable for an extended period of time, such as while serving in the military or a humanitarian/religious mission. **Application for leave of absence are due (postmarked) by:**

- **August 1**, for Fall Semester
- **December 31**, for Spring Semester (Winter Semester for those attending Brigham Young University)

When completing a leave of absence application for **humanitarian/religious service reasons** consider the following: If you will not be of age to serve, have not submitted your request to serve prior to **April 1** or indicated your availability date to serve after **April 1** you are required to attend Spring semester (Winter semester if you are attending BYU) in order to maintain your eligibility for the Regents' Scholarship. Likewise if you are not of age, have not submitted your request to serve prior to **November 1**, or indicated your availability date to serve after **November 1** you are required to attend Fall semester.

**Note: Awards amounts are determined on an annual basis and are subject to legislative funding and the total number of qualified participants. Therefore, award amounts may be reduced, may vary from year to year, and are dependent on when the recipient is enrolled in college.**

1. First Name _____ Middle _____ Last _____
2. Mailing Address _____ City _____ State _____ Zip _____
3. Telephone Number _____ - _____ - _____ 4. E-mail address _____
4. List the Utah college or university currently attending _____
5. Your declared major is _____
6. Mark the reason you are requesting a leave of absence <input type="checkbox"/> Medical/Health <input type="checkbox"/> Military <input type="checkbox"/> Humanitarian/Religious Service <input type="checkbox"/> Other (please specify) _____
7. Indicate the beginning date and semester for which you are requesting an approved deferral to begin (check one): Deferment Begin Date: _____ / _____ / _____ <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer Academic Year (i.e. 2013-2014) _____ / _____
8. Indicate the end date and semester you will enroll in once your deferral has ended (check one): Deferment End Date: _____ / _____ / _____ <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer Academic Year (i.e. 2014-2015) _____ / _____
9. What is your anticipated college graduation date (check one): <input type="checkbox"/> Fall <input type="checkbox"/> Winter <input type="checkbox"/> Spring <input type="checkbox"/> Summer Academic Year (i.e. 2015-2016) _____ / _____

### Required documents to submit with this application are:

- I have provided a one page (maximum) written and signed statement, providing reasons for requesting a leave.
- Proof of successfully completing 12 credit hours for Spring or Summer semester 2013 earning a 3.0 semester GPA.
- I have provided supporting documentation related to the deferral request
  - If applying for a deferral due to medical reasons, you must include a doctor's note (on office letterhead).
  - If applying for a deferral due to serving a LDS humanitarian/religious service mission,
    - \* If you have not received your mission call at the time of application, you must include a letter (on letterhead) from your ecclesiastical leader stating the intent to serve a mission, leaving prior to November 1. You will be required to submit a copy of your mission call once you have received it.
    - \* If you have received your mission call you must include a photo copy of the letter indicating when you will depart.

I understand that by submitting this form, it does not guarantee that the scholarship committee will grant me a leave of absence for the Regents' Scholarship. This application is only for the Regents' Scholarship program, not for the college/university I am attending. I understand that upon my return as indicated above that I must meet the **renewal rules and deadlines for the Exemplary Academic Achievement Award or I will forfeit the scholarship**. I certify that all information regarding my request for a leave of absence is true and correct.

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

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## STUDENT INFORMATION RELEASE FORM

Regents' Scholarship  
PO Box 145114  
Salt Lake City, Utah 84114-5114

Phone: 801.321.7159  
Web: [higheredutah.org](http://higheredutah.org)  
Email: [regentsscholarship@utahsbr.edu](mailto:regentsscholarship@utahsbr.edu)



Student Information is governed by the Family Educational Rights and Privacy Act (FERPA). This act extends privacy rights to students, age 18 and over, regarding their educational records and information. If the student wishes to give permission to a specified person to access their confidential educational records (e.g., grades, financial information, etc.), the following form must be filled out and mailed, **faxed or emailed documents are not accepted.**

### Student Information

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ MI \_\_\_\_\_

Street Address \_\_\_\_\_

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

Phone \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_ Birth date \_\_\_\_ / \_\_\_\_ / \_\_\_\_

### Name of person(s) to be given permission of release of information:

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ MI \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Street Address \_\_\_\_\_

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

Phone \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

First Name \_\_\_\_\_ Last Name \_\_\_\_\_ MI \_\_\_\_\_

Relationship to Student \_\_\_\_\_

Street Address \_\_\_\_\_

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

Phone \_\_\_\_ - \_\_\_\_ - \_\_\_\_\_

I, the undersigned, understand that by submitting this form it does not allow for the above mentioned persons to sign documentation on my behalf, but only grants permission for the release of any of my personal educational records regarding the **Regents' Scholarship** to the above mentioned person(s).

Student Signature \_\_\_\_\_ Date \_\_\_\_\_