Note to Applicant: Fill in each blank with the information requested. Use N/A if not applicable to you. IF YOU NEED ADDITIONAL SPACE, ATTACH ADDITIONAL SHEETS, NUMBER AND INCLUDE NAME OF TOP OF EACH PAGE.

		Date of Application					
	PERSONAI	LINFORMATION					
Student's Full Name							
Birth Date	Social Security Number Cell Phone						
Home Phone	Cell Phone						
Email							
Permanent Address							
City		State	Zip				
High School Attended							
City							
Graduation DateClass RankC							
Class RankC	Of						
Tranic of Fine par							
Name of Counselor							
Name of Sponsor							
Name of Sponsor Circle Relationship of Sponsor	Parent	Grandparent	Leg	al Guardian			
Sponsor's Home Address							
Sponsor's Home Address City Sponsor's Location of Service a		State	Zip				
Sponsor's Location of Service a	s PM or Manager	•					
Sponsor's Location of Service a Is Sponsor a Member of UPMA	? Yes	No					
	ЕЛТИЕТ	R/GUARDIAN					
	TAITILE	OOMOIMI					
Name							
Home Address		City	State	Zip			
Name of Employer							
	MOTHE	R/GUARDIAN					
Name							
Home Address		City	State	Zip			
Name of Employer							

SIBLINGS

Number of children in fa	mily rece	iving suppor	rt from parents or gu	argian
Number of children in fa	mily, if a	ny, presently	attending college _	
List any scholarships, gra	ants. loan	s. or other so	ources of income you	will be receiving while attending
				F FUNDS WILL RESULT IN
				TUTUIN WILL BE DEMANDED.
Scholarships				
T				
Cifts				
Other				
		WC	ORK RECORD	
Place of Employment		Hours Wo	rked Per Week	Employment Dates
Reasons you may have n	ot been			
employed				
Do You Plan to Work Par	rt-Time D	ouring Colleg	ge?	
Name of the Institution y	ou are pl	anning to att	end and Mailing Add	dress of the College, University, or
Trade School You Plan to	Attend			
** **				
Have You Applied for Ac	lmission?	'		_
II V D A	10			
Have You Been Accepted	1?			_
Approximate Cost of Tui	ition for A	Academic Ye	ar:	
Date of SAT:	Score:	Math	Verbal	Total
Date of ACT:	Score:	Math	Verbal	Total

In Your Own Handwriting with a Black or Blue Ink Pen, Please Tell Us Who or What Influenced You the Most in Deciding to Obtain Your College Education.
the Wost in Deciding to Obtain Tour Conege Education.
Please Furnish the Name and Address of Your Local Newspaper:

Good character, scholarship achievement, leadership qualities and the ability to follow instructions are the criteria by which your application will be judged with some consideration for financial need. Only students of outstanding merit, who show an appreciation of the value of education, and who are willing to struggle to achieve success will be considered for this award. While elaborate presentation is unnecessary, careless presentation will handicap the applicant.

The applicant MUST SUBMIT AN OFFICIAL COPY OF THEIR SCHOOL TRANSCRIPT. A letter of recommendation from a responsible person (must not be a relative of the applicant) who has the opportunity to observe the qualities which make the applicant a worth candidate must accompany the application.

ADDITIONAL REQUIREMENTS

Briefly List All on a Separate Page:

SCHOLASTIC

EXTRA CURRICULAR

CIVIC ACTIVITIES

INCLUDE AWARDS AND HONORS

INCLUDE A BIOGRAPHICAL SKETCH DISCUSSING YOUR PLANS FOR YOUR EDUCATION, VOCATION, AND YOUR LIFE. INCLUDE REASONS WHY YOU DESERVE CONSIDERATION FOR THIS SCHOLARSHIP.

ACCREDITED COLLEGE, UNIVERSITY, OR TRADE SCHOOL	L.
SIGNATURE OF APPLICANT	DATE:
Parent, Guardian, or Grandparent's Statement:	
I acknowledge that I have read, understand, and agree with the application.	information provided in this

_DATE: _____

ALL SCHOLARSHIPS ARE IN THE FORM OF CERTIFICATES OF AWARD CONDITIONAL UPON THE ENROLLMENT OF THE STUDENT IN AN UNDERGRADUATE COURSE IN AN

APPLICATION MUST BE STAMPED NO LATER THAN JUNE 1, 2019.

MAIL TO: STEPHEN AUFFARBER

SIGNATURE

876 SHOAL POINTE LN LEAGUE CITY TX 77573