

MAEOPP SCHOLARSHIP APPLICATION

Deadline: Friday, March 18, 2019

Application for: (Please check only one) Adult Learner (SSS, McNair, EOC) Pre-College (TS or UB)

PART I: GENERAL INFORMATION (Please Type or Print Clearly)

Name:

First Middle Last

Permanent Home Address:

Street Number/Name City State Zip Phone #

Local/School Address: _____
(Adult Learner) City State Zip Phone#

Social Security #: _____ Date of Birth _____ Gender _____

Project (Check one) TS UB UBMS SSS McNair EOC Date Entered: _____

Name of Director for TRIO project in which you participate: _____

Telephone Number: _____ Fax Number: _____

Sponsor's Name: _____ Title: _____

Institution/Agency: _____ Phone Number _____

Sponsor's Address: _____
Street Number/Name City State Zip

Name and address of the other person who will provide a Letter of Recommendation:

Name: _____ Title: _____

Address: _____
Street Number/Name City State Zip Phone#

***The individual who sponsors the applicant for the Scholarship checked above must be a current financial member of the MAEOPP State Association. Membership status of the sponsor will be verified. The sponsor must complete one of the two letters of recommendation included.**

High School: (Currently attending/attended) _____ Graduation Date _____

Location: _____
Street Number/Name City State Zip

High School GPA: _____ or GED Score: _____ ACT/SAT Score (Pre-Coll. Only): _____ Exam Date _____
College/University: (Currently Attending or Attending in the Fall): _____

Street Number/Name	City	State	Zip
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Classification (check one): High School Senior

College: Freshman Sophomore Junior Senior

Overall College Grade Point Average (on a 4.0 scale/system): _____

Date you expect to graduate (Month/Year) _____

College Major/Intended Major: _____ Career Goal: _____