

APPLICATION FOR AFOSISA SCHOLARSHIP AWARD

(Tab Between Entries, Print and Sign)

NAME: _____
(LAST) (FIRST) (MIDDLE)
STREET ADDRESS: _____
CITY, STATE, ZIP CODE: _____ TEL: () _____
DATE & PLACE OF BIRTH: _____ SEX: Male Female
AFOSISA SPONSOR'S NAME & NUMBER: _____
RELATIONSHIP TO SPONSOR: _____

List scholarship awards or grants you have applied for: _____

List scholarships, awards or grants received or will receive: _____ DOLLAR AMOUNT

HIGH SCHOOL APPLICANTS

HIGH SCHOOL : _____
HIGH SCHOOL ADDRESS: _____
GUIDANCE COUNSELOR: _____ TEL: () _____
GPA & CLASS STANDING AT MID-TERM, SENIOR YEAR: _____
COMPOSITE ACT AND/OR SAT SCORES: _____
LIST COLLEGE THAT HAS ACCEPTED YOU: _____
ANTICIPATED DATE OF GRADUATION: _____

UNDERGRADUATE APPLICANTS

COLLEGE: _____
COLLEGE ADDRESS: _____
DEAN PROVOST OF MEN WOMEN: _____ TEL: () _____
GRADE POINT AVERAGE AT MID-TERM: _____
FIELD OF STUDY: _____

I hereby authorize the AFOSISA Scholarship Awards Committee to examine my pertinent school records. I certify that the information furnished in and with this application is true and correct to the best of my knowledge and belief.

(Signature) (Date)
APPLICANT: _____
PARENT OR GUARDIAN: _____
AFOSISA SPONSOR: _____
SCHOOL COUNSELOR: _____

Enclosures: Letter; recommendations; resume; theme; transcripts.