

**APPLICATION FOR AFOSISA SCHOLARSHIP AWARD**

(Please type or Print)

NAME: \_\_\_\_\_  
(LAST) (FIRST) (MIDDLE)

STREET ADDRESS: \_\_\_\_\_

CITY, STATE, ZIP CODE: \_\_\_\_\_ TEL: ( \_\_\_\_ ) \_\_\_\_\_

DATE & PLACE OF BIRTH: \_\_\_\_\_ SEX: \_\_\_\_\_

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.