



## PRAIRIE VIEW A&M UNIVERSITY SCHOLARSHIP APPLICATION

**Name of Scholarship: *NATIONAL ALUMNI TEACHER EDUCATION SCHOLARSHIP***

**INSTRUCTION:** Please submit all applicable items below with this application.

*(Note: Incomplete application submissions WILL NOT be reviewed.)*

- Official High School Transcript (*All Freshmen & Transfer Students*)
- Official Prairie View A&M University Transcript (*All Students as Applicable*)
- Official Transcript from All Previous Colleges/Universities Attended (*As Applicable*)
- Resume
- Essay - Subject: **“How Would You in Achieving Your Educational & Professional Teaching Goals Help Further the Mission & the Image of the Alumni Association?”**  
*(300 Words, Typed, Double Spaced---All Students)*

### APPLICANT INFORMATION

	<b>Submission Date:</b>
Full Name:	Social Security Number:
Date of Birth:	Place of Birth:
Student’s Current Mailing Address:	
Student’s Current Telephone#:	
Check One: <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Widow(er) <input type="checkbox"/> Divorced <input type="checkbox"/> Separated	
Number of Children:	
<b>Ethnicity:</b> <input type="checkbox"/> Black ( <i>Not Hispanic</i> )	<input type="checkbox"/> American Indian
<input type="checkbox"/> Hispanic	<input type="checkbox"/> Alaskan Native
<input type="checkbox"/> White ( <i>Not Hispanic</i> )	<input type="checkbox"/> Asian/Pacific Islander
<input type="checkbox"/> Non-Resident Alien	<input type="checkbox"/> Other ( <i>Specify</i> ):

### HIGH SCHOOL ACCOMPLISHMENTS

Graduation Date:	Cumulative GPA:	SAT:	ACT:
Extra Curricular Activities:			

### UNIVERSITY/COLLEGE ACCOMPLISHMENTS

Major:	Total Accumulated Hours:	Total Earned Hours:
Current Semester Hours:	Current Semester GPA:	Cumulated GPA:
Expected Graduated Date:		
Extra Curricular Activities:		

### OTHER COLLEGE/UNIVERSITY ATTENDANCE

Institution Name:	Date(s)
Hours Earned:	Cumulative GPA:

**SCHOLARSHIP/FINANCIAL AID DISCLOSURE**

**List All Scholarships Received:**

Name of Scholarship	Year Received	Amount
		\$
		\$
		\$
		\$

**List All Federal Grants/Loans Received:**

Name of Grants/Loans	Year Received	Combined Amount
		\$
		\$
		\$
		\$

<b>Are you currently eligible for financial aid?</b>	<input type="checkbox"/> Yes	<input type="checkbox"/> No
<b>Do you owe for a scholarship loan?</b>	<input type="checkbox"/> Yes: Amount \$	<input type="checkbox"/> No
Bank:	Address:	
<b>Are you in default on a scholarship loan?</b>	<input type="checkbox"/> Yes: Amount \$	<input type="checkbox"/> No
Bank:	Address:	

**SELF -or- FAMILY INFORMATION**

<b>Please check one:</b> <input type="checkbox"/> Self		<input type="checkbox"/> Mother	<input type="checkbox"/> Father
Name:		Name:	
Address:		Address:	
Phone#:		Phone#:	
Employment:		Employment:	
Income Level:		Income Level:	

*Select the appropriate income level from amounts listed below in A-H:*

A. Under \$15,000	<input type="checkbox"/>	E. \$30,001 - \$35,000	<input type="checkbox"/>
B. \$15,001 - \$20,000	<input type="checkbox"/>	F. \$35,001 - \$40,000	<input type="checkbox"/>
C. \$20,001 - \$25,000	<input type="checkbox"/>	G. \$40,001 - \$45,000	<input type="checkbox"/>
D. \$25,001 - \$30,000	<input type="checkbox"/>	H. \$45,001 & Above	<input type="checkbox"/>

**Highest Educational Level Completed:**

<b>Mother:</b> <input type="checkbox"/> High School	<b>Father:</b> <input type="checkbox"/> High School
<input type="checkbox"/> Undergraduate College	<input type="checkbox"/> Undergraduate College
<input type="checkbox"/> Masters Level College	<input type="checkbox"/> Masters Level College
<input type="checkbox"/> Doctoral Level College	<input type="checkbox"/> Doctoral Level College
<input type="checkbox"/> None	<input type="checkbox"/> None

**Total number of minor children in the family:**

**Siblings in college (use additional sheet or reverse side, if necessary)?**

Name	College Attending (Specify Name & Location)

**What percentage of your college expenses will you receive from your parents (*check one*)**

Approximately:      0%    25%    50%      75%      100%

**What percentage of your college expenses will you earn? (*check one*)**

Approximately:      0%    25%    50%      75%      100%

**APPLICANT MILITARY RECORD**

Check One:    Navy      Air Force    Army      Coast Guard    Marines

Last Duty Station:	
Rank:	Date(s) of Service:
Type of Discharge:	Date of Discharge:
Medals/Honors Received:	

**APPLICANT EMPLOYMENT HISTORY**

List all student work assignments, part-time and full-time employment.

Company/University Department	Position Held	How Long Employed?	Reason for Leaving

**APPROVAL**

Dean of College:	Date:
University Academic Scholarship Representative:	Date
Special Signature(s), If Required:	
Name:	Position
Printed Name:	Date: