



SCHOLARSHIP APPLICATION

2016-2017

PLEASE PRINT IN CAPITAL LETTERS
ATTACH REQUESTED DOCUMENTS
INCOMPLETE APPLICATION WILL NOT BE ENTERTAINED

PART A

Tell us about yourself

YOUR NAME _____

ADDRESS _____

CITY _____ STATE _____ ZIP CODE _____

CELL PHONE _____ HOME PHONE _____

EMAIL _____

DATE OF BIRTH _____

SOCIAL SECURITY #

			-			-			
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US CITIZEN PERMANENT RESIDENT USCIS A-NUMBER

A#

DRIVING LICENSE NO. _____ STATE _____ EXPIRES _____

DO YOUR PARENTS CLAIM YOU AS DEPENDANT ON TAX RETURN YES NO

PART B

Tell us about your ACSR affiliation

ACSR MEMBER'S NAME _____

NAME OF THE STORE _____

ACSR # _____

STORE ADDRESS _____

CITY _____ TX, ZIP CODE _____ COUNTY _____

STORE PHONE _____ FAX NUMBER _____

CELL PHONE _____

EMAIL _____

YOUR RELATIONSHIP TO ACSR MEMBER _____

PART C

Tell us about your high school

NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____
MAJOR _____ MINOR _____
DATE OF GRADUATION _____
MEMBER OF ANY SOCIETY _____
CONTACT PERSON _____
CELL PHONE _____ OFFICE PHONE _____
EMAIL _____

PART D

Tell us about your grades

(PLEASE ATTACH COPY OF THE OFFICIAL TRANSCRIPT)

GPA _____ GRADE % _____ RANKING _____
(WHICHEVER IS APPLICABLE)

PART E

Tell us about your new school

(PLEASE ATTACH COPY OF THE ADMISSION LETTER)

NAME _____
ADDRESS _____
CITY _____ STATE _____ ZIP CODE _____
SCHOOL'S WEBSITE _____
SUBJECTS TAKEN _____
MAJOR _____ MINOR _____
MEMBER OF ANY SOCIETY _____
CONTACT PERSON _____
CELL PHONE _____ OFFICE PHONE _____
EMAIL _____
COURSES DIPLOMA DEGREE TWO YEARS FOUR YEARS
EXPECTED DATE OF GRADUATION _____

PART F

Certifications

APPLICANT'S STATEMENT

BY SIGNING BELOW:

I confirm that I meet the eligibility requirements for the scholarship.

I agree to abide by the Bylaws, Rules and Regulations of the Association that govern the scholarship program.

The information provided by me on the Scholarship Application is true and correct to the best of my knowledge and belief.

I understand that providing incorrect information might result in rejection of my Scholarship Application.

I undertake to keep the Association fully informed of any changes at all times.

Date: _____

SIGNATURE

ACSR MEMBER'S STATEMENT

BY SIGNING BELOW:

I _____ member of ACSR do hereby certify that

the applicant _____

is my dependant son/daughter, and is claimed by me on my tax returns. I understand that providing incorrect information might result in rejection of the Scholarship Application. I agree to abide by the Bylaws, Rules and Regulations of the Association that govern the scholarship program.

Date: _____

SIGNATURE