



Application Form for ALCC Scholarships 2017

General Instructions to Applicant

1. This completed application, essay, and other records must be received no later than March 5, 2017 by mail or at the following email address: scholarship@alcchouston.org

1. Personal Information

Full name of applicant _____
Phone number _____ E-mail address _____
Parent's home address _____
City _____ State _____ Zip _____
Parent's Phone Number _____
Your Home Address (if different) _____
City _____ State _____ Zip _____
Date of Birth _____ Social Security Number _____

2. High School Information

School Name _____
Address _____
City _____ State _____ Zip _____
Phone number _____
SAT Math _____ SAT Verbal _____
SAT Writing _____ GPA _____
Total _____ Class Rank _____
SAT Test Date _____

Have you been accepted to a four-year college or university? If yes, please complete the following:

College Name _____
Address _____
City _____ State _____ Zip _____
Phone Number _____
Degree _____ Major _____

3. College Information

(Complete only if you are currently enrolled in a four-year college)

College Name _____
Address _____
City _____ State _____ Zip _____
Phone number: _____
Degree: _____ Major: _____
Most Recent GPA: _____ Cumulative GPA: _____

4. Checklist

- *Is your signature and essay enclosed?* YES NO
- *Do you wish to include financial need as a factor in the selection?* YES NO
- *If Yes, have you filed a FAFSA (Free Application for Federal Student Aid)? If so, please submit a returned copy showing your EFC (Expected Family Contribution).*

I hereby certify that all given information is correct to my knowledge and that I am the sole author of the enclosed essay.

Signature of Applicant _____

Date _____