

2019-2020 SCHOLARSHIP APPLICATION FORM

(Applications must be completed in full and postmarked by **Friday, February 22, 2019**)

Name: _____ Telephone: _____

PLEASE PRINT OR TYPE

Permanent Mailing

Address: _____
Street City State Zip

Social Security number (last four digits only) _____ Email Address _____
(Personal, not school related)

As a self-supporting applicant:

Annual Family Income: _____ Number of Dependents: _____

OR You are a dependent:

Father's Name: _____

Mother's Name: _____

Number of Dependent Children (*including Applicant*): _____ Annual Family Income: \$ _____

Are any other members of your family in college? _____ If so, how many? _____

Last High School or College Attended: _____ Cumulative GPA: _____

Which New Mexico institution do you plan to attend? _____

Address: _____

Department: _____ Telephone: (____) _____

Which field do you plan to major in? _____

Have you applied for entrance? _____ Have you been accepted? _____

Total education expenses expected for year: \$ _____

Amounts received from any other scholarships/grants: \$ _____

In the space below, please tell us about your academic honors, social and community activities, and your work experience:

(OVER)

