

TICF Scholarship Application Form

(Please Print)

University _____

Scholarship applying for: _____ Renewal: yes () no ()

Applicant's Full Name _____ Student ID# _____
(First, Middle, Last)

Permanent Address _____
(Street, City, Zip Code)

Area Code and Telephone Number _____ E-mail address _____

Ethnicity: African American _____ Hispanic _____ Asian _____ Native American _____ Other _____
Male _____ Female _____ U.S. citizen? Yes _____ No _____

Parents' Name(s) _____

Parents' Address _____

Parents' Area Code and Telephone Number _____

Parent's E-mail address _____

If parents are deceased, provide information of a relative and state the relationship:

Classification fall 2007: freshman () sophomore () junior () senior () Major: _____

Expected Graduation date: Semester _____ Year _____ Minor: _____

For college freshmen: Scholastic Aptitude Test (S.A.T.) _____ Test Scores American College Testing (A.C.T.)
Verbal _____ Math _____ Composite Score _____

For college sophomores, juniors and seniors: Cumulative Grade Point Average (4.00 scale) _____

School & Community Activities/Leadership Positions/Honors/Awards

Use separate sheet if necessary

Employment History

Use separate sheet to provide employment history (if applicable)—this overview of student's job(s) should not be longer than one page and should include dates of employment starting with most recent, name and city of employer, name of supervisor and a general statement of work activities.

Certification and Release Authorization

I certify that this application is complete and accurate; I authorize the release of information to the appropriate individuals to confirm details necessary to process this scholarship application; and, I authorize the release of photographs and/or information contained in this application for publication in reports, news releases, or public relations materials developed by the TEXAS INDEPENDENT COLLEGE FOUNDATION.

Applicant's signature _____ Date _____