

2020-2021 PAT & DOROTHY LEGAN SCHOLARSHIP

	STEP 1: I	PERSONAL INFO	RMATION			
Applicant: First	Middle	L	ust		UIW ID or Social Sec	urity Numbe
Permanent Address:	Address					
	City				State	Zip
Phone #:	####	Email ac	ldress:			
Date of Birth:	DD/YYYY	Are you	a U.S. Citizen?	Yes	No	
	STEP 2: A	ACADEMIC INFO	DRMATION			
If currently in high s	chool, complete this section:	:				
Name: High School			School District:			
City, State:	_	G	raduation Date:			
Combined SAT Score	e (3 sections):	C	ımulative GPA:			
Field you plan to stud	dy:					
Degree you will be pu	ırsuing:					
Will you be registering	ng as a full-time student?	Yes No				
If no, explain why?						
If aurmently attending	g the University of the Incar	mata Ward gample	to this soction:			
in currently attenuing	g the University of the Incar	nate word, comple	te this section.			
Field you are studyin	g:					
Degree you are pursu	ning:					
Will you be registerin	ng as a full-time student?	Yes No				
If no. explain why?						

STEP 3: FINANCIAL INFORMATION
Have you completed the 2020-2021 Free Application for Federal Student Aid (FAFSA)? Yes \(\square \) No \(\square \) Who will be responsible for financing your college education?
State any gracial paramal or family siresymptoness affecting your peed for financial assistance
State any special personal or family circumstances affecting your need for financial assistance.
From a financial standpoint, what impact would this scholarship have on your education?
STEP 4: PERSONAL ACHIEVEMENTS
1. Briefly describe an experience (extracurricular activity through your school or a volunteer organization) where you demonstrated leadership or teamwork skills or learned to communicate with others.
2. What is your career goal and your plan for achieving this goal?
3. How will your educational career help you contribute to society?

STEP 5: REVIEW AND SUBMIT YOUR APPLICATION

Applications may be submitted via email (finaid@uiwtx.edu) or fax (210-283-5053). Deadline for application is 5:00 pm on Monday, April 20, 2020.

I agree to provide documentation for informati	on is true and complete to the best of my knowledge. If requested, ion given on this form. I authorize the University of the Incarnate o release the information on this application to the Scholarship
Student's Signature	Date
Printed Name	Student ID

If you have any questions, please contact the UIW Office of Financial Assistance at finaid@uiwtx.edu



University of the Incarnate Word 2020-2021 Scholarship Release of Information Form

The University of the Incarnate Word makes every effort to protect the privacy of your educational records. Scholarship donors very much appreciate knowing the students who directly benefit from their scholarship funds. By allowing the University to release your name, directory, and academic information (grades and enrollment), you are helping us to connect donors with our students. This simple act helps to ensure that more UIW students will continue to benefit from these generous gifts.

gning below you indicate:	
•	me, directory and academic information (grades and enrollme onjunction with any scholarship you may receive from the
OR	
•	our name, directory and academic information (grades and foundation in conjunction with any scholarship you may rece
Signature	Date

This form must be submitted with the application.

A copy of this application and all accompanying forms must be submitted to the UIW Office of Financial Assistance by 5:00 pm on Monday April 20, 2020 via email (finaid@uiwtx.edu) or fax (210-283-5053)