

2016-2017 SFASU WiSTEM SCHOLARSHIP APPLICATION

Return application and required documents to:

SFA CoSM, ATTN: Vicki Shimer, P.O. Box 13034, SFA Station, Nacogdoches, TX 75965

1. _____ SFA ID Number _____
(Last) (First) (Middle)

2. Gender (Check One): Male Female

3. Marital Status: _____ Single _____ Married _____ Other _____ No. of children for applicant _____

PERSONAL INFORMATION:

4. Date of Birth (Optional) _____ City of Birth _____ County of Birth (TX) _____

County of Birth (Non-TX) _____ State of Birth _____ Country of Birth _____

5. Citizenship (Check One): Dual Citizen US Citizen Foreign Citizen

6. Resident of Texas (Check One): Yes No Are you from the Houston Metro Area? (Check One) Yes No

PARENT INFORMATION:

7. Parent's Name: (Check One) Mr. and Mrs. Mrs. Mr. _____

8. Parent's Address: _____
(Street) (City) (County-TX) County (Non-TX)
Parent's Phone #: _____
(State) (Zip Code) (Country)

HIGH SCHOOL INFORMATION:

9. High School Name (TX) _____ High School Name (Non-TX) _____

High School City _____ High School County (TX) _____

High School County (Non-TX) _____ High School State _____ High School **Country** _____

10. High School Graduation Date: _____ High School Rank _____ Graduating Class Size _____

11. Valedictorian? (Check One) Yes No

12. Are you a National Merit Finalist or Semi-Finalist? Yes No

ACT SCORES:

13. English _____ Math _____ Reading _____ Science _____ Composite Score **without** writing score _____ Writing Score _____

SAT SCORES:

14. Critical Reading _____ Math _____ combined score **without** writing & essay scores _____ Writing Score _____
Essay Score _____

ADDITIONAL HIGH SCHOOL INFORMATION:

15. List memberships in organizations or activities, offices held, or awards earned in the last two years of high school: _____

16. List any scholastic honors received during high school: _____

SFA INFORMATION:

17. SFA Box # _____ Address while attending _____
(Street) (Apt #)
(City) (County) (State) (Zip)

18. Cell Phone Number _____ Phone Number _____

19. Student Status: Currently Enrolled First Time Student Former SFA student Junior College Transfer Returning

20. Class standing at SFA during 2016-2017 will be: (Check One)

Beginning Freshman Freshman Sophomore Junior Senior Graduate

21. College Major (First) _____ College Major (Second) _____ College Minor _____

22. SFA Grade Point Average _____

23. Are you transferring from another college or community College? Yes No Transferring From: _____

Number of Transfer Hours _____ GPA of Transfer Hours: _____

24. Expected **College** Graduation Date (Check One): Fall Spring Summer II Year: _____

PREVIOUS SCHOLARSHIPS:

25. Please list any SFASU scholarships and amounts received in the past: _____

FINANCIAL INFORMATION:

26. ESTIMATED 2015 Gross Family Income \$ _____

27. ESTIMATED 2016 Gross Family Income \$ _____

28. Father's Employer _____ Occupation: _____

29. Mother's Employer _____ Occupation: _____

30. Student's Employer _____ Occupation: _____

31. Spouse's Employer _____ Occupation: _____

32. Highest level of education completed by: _____ (father) _____ (mother)

33. Number of Dependent Children in Family _____ Ages of Dependent Children in Family _____
Number of Other Dependents in Family _____ Number of Children in College _____

34. Student's Summer Earnings (Approximately) \$ _____ Student's School Year Earnings (Approximately) \$ _____

35. Other financial resources and amounts available to you for education purposes such as GI Bill, Social Security or Fellowships, etc.

36. List any jobs held in the last two years (include job title, hrs worked/week, dates of employment):

MISCELLANEOUS:

37. Are you the child of an employee at any of the following companies? (Check One) Lone Star Feed Tyson TX Ranger (Active)

38. Are you a former recipient of the NOBLE scholarship? Yes No

39. Are you the child or grandchild of an employee at any of the following companies? BancorpSouth SFA Physical Plant

40. Are you an employee of any of the following? Morgan Oil Wal-Mart #163

41. Are you an employee, child or grandchild of an employee of Texas Farm Products: Yes No

42. Are you in the poultry business in East Texas? (Check One) Yes No

43. Ethnic Background (Optional): _____Check One.....

Caucasian American Native American Latin American African American Oriental American Asian American

44. Are you the descendant of a Hispanic Settler in Nacogdoches? Yes No, if so whom: _____

45. Are you the son or daughter of a licensed amateur radio operator? Yes No

46. Are you a member of the following church groups? BSU The Yellow House First Baptist – Nac Wesley Foundation
 The Vineyard Church Peasant Hill Missionary Baptist

47. Are you an SAI devotee: Yes No

48. Are you an SFA student athlete? List Organization: _____

49. Are you an active participant in SFASU activities (i.e. Marching Band)? _____

50. Are you a member of any Sorority or Fraternity? List Organization(s): _____

51. Are you the child, grandchild, or great grandchild of an active member Society of the Preservation and Encouragement of Barbershop Quartet in America? Yes No

52. Are you entering the Health/Medical Research field? Yes No

ATTACH a short essay of no more than 300-500 words - Who is the most influential woman you know? How does she inspire you? **This must be attached to the returned application!**

APPLICANT'S CERTIFICATION:

To the best of my knowledge the information submitted via this application is complete and correct. I agree to inform the SFASU Financial Aid Office of any major changes in my financial status if I am awarded a scholarship. I understand that to be considered for a scholarship I must apply each year. My application will not be considered for any scholarships should the information I provide prove false. By my signature below, I authorize the release of Educational Information to parties and scholarship donors who need this information to check on the status of my progress at Stephen F. Austin State University. Furthermore, by my signature below, I am agreeing to the terms and conditions laid out in this statement. I recognize that if I do not sign, I will not be eligible for consideration for any scholarships.

Date _____ Signature of Applicant _____

No person shall, on the basis of race, color, religion, sex, age, national origin, disability, or veteran status, be subjected to discrimination or be excluded from participation in or denied the benefits of any educational program or activity operated by Stephen F. Austin State University.

