

STEM Chase Scholarship Application

2017-18

PERSONAL INFORMATION

Name _____ SFA Campus ID _____

(Last) (First) (Middle)

Gender (Check One) Male Female

Date of Birth: _____ City and State of Birth _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

PARENT INFORMATION

Title Mrs. Ms. Dr.

Mother's Name _____ Cell Phone _____

Mother's Employer _____ Occupation _____

Title Mr. Dr.

Father's Name _____ Cell Phone _____

Father's Employer _____ Occupation _____

HIGH SCHOOL INFORMATION

High School Name _____ City _____

High School Graduation Date _____ Valedictorian? Yes No

Current Classification _____ High School Rank _____ Graduating Class Size _____

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

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

List any scholastic honors received during high school: _____

ACT SCORES

English ____ Math ____ Reading ____ Science ____ Composite Score **without** writing ____ Writing ____

SAT SCORES

Reading ____ Math ____ Writing ____ Composite Score **without** writing or essay ____ Essay ____

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FINANCIAL INFORMATION

ESTIMATED 2016 Gross Family Income \$ _____

ESTIMATED 2015 Gross Family Income \$ _____

Number of Dependent Children in Family _____ Ages of Dependent Children in Family _____

Other financial resources and amounts available to you for education purposes _____

STEM ACADEMY

How many years have you been a member of the SFASU STEM Academy? _____

Do you plan to attend SFASU? _____

Are you currently taking, or do you plan to take, dual credit classes at SFASU? _____

APPLICANT CERTIFICATION

To the best of my knowledge the information submitted via this application is complete and correct. I agree to inform the SFASU College of Sciences and Mathematics 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.

Signature of Applicant

Date

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.