SCHOLARSHIP APPLICANT INFORMATION

Last Name: ____________ First ____________ MI ______
Permanent Address: __________________________________________
City __________________ State __________ Zip __________
Hm Ph. ____________ Wk Ph. ____________ Cell Ph. ____________
Email: __________________________ STUDENT ID # __________
SS # __________________________ Date of Birth ____________ Age ______
Marital Status: SINGLE ______ DIVORCED ______ SEPARATED ________
WIDOWED ______
NUMBER OF PEOPLE IN HOUSEHOLD __________

EDUCATIONAL LEVEL ACHIEVED:

HIGH SCHOOL/GED ______ UNDERGRADUATE ______ GRADUATE ______
VOCATIONAL ______
CAREER CHOICE: __________________________
CHOICE OF EDUCATIONAL INSTITUTION: __________________________

PLEASE ORGANIZE THE PACKET MATERIALS IN THE FOLLOWING ORDER, INCLUDE REQUIRED MATERIALS ONLY:

_____ APPLICATION FORM
_____ LETTER OF ACCEPTANCE/PROOF OF SCHOOL ENROLMENT
_____ PROOF OF US CITIZENSHIP OR RESIDENCY (Driver’s Licence will not be considered proof of citizenship)
_____ PROOF OF FINANCIAL AID DENIAL LETTER
_____ CAREER OBJECTIVES ESSAY (Type essay on attached page)

DEADLINE TO SUBMIT: October 31, 2018

Mail Scholarship Application to:

Margarita Arriola, PH CONTACT (915) 494-5409
Scholarships Chair
EPW Paso del Norte
700 Blanchard Ave.,
El Paso, Tex., 79902
Enterprising and Professional Women
Paso del Norte

Name: ________________________________
Enterprising and Professional Women
Paso del Norte

Name: ____________________________