

# The George Foundation Scholarship Program

for students attending

## University of Houston System

TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES

Completeness and neatness ensure your application will be reviewed properly.

Application postmark deadline May 25

FOR SCHOLARSHIP  
MANAGEMENT  
SERVICES USE ONLY

I.D. #	SPC	

**APPLICANT  
INFORMATION**

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_

Permanent Home Mailing Address \_\_\_\_\_ Apartment # \_\_\_\_\_

City \_\_\_\_\_ State **Texas** ZIP Code \_\_\_\_\_

Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ Email Address \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

I am a resident of Fort Bend County, TX  Yes  No I am a citizen of the United States  Yes  No

*If not a citizen:* I am a permanent resident of the U.S.  Yes  No If Yes, your U.S. permanent resident ID # \_\_\_\_\_

As defined in the guidelines, I am applying as a:  "first generation" college student  "nontraditional" college student

Are you currently receiving a George Foundation Scholarship?  Yes  No

Please indicate your status. (For statistical purposes only)  Male  Female

American Indian/Alaska Native  Black/African American  Multi-Racial  White  
 Asian  Hispanic/Latino  Native Hawaiian/Pacific Islander

**PARENT  
OR  
GUARDIAN  
INFORMATION**

**(Dependents  
only)**

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address \_\_\_\_\_ The applicant is a dependent  Yes  No

Relationship to Applicant \_\_\_\_\_ Day Telephone ( \_\_\_\_\_ ) \_\_\_\_\_

Email Address \_\_\_\_\_ Fax Number ( \_\_\_\_\_ ) \_\_\_\_\_

**EDUCATIONAL  
HISTORY  
AND PLANS**

Name of High School \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

High School Graduation Date: Month \_\_\_\_\_ Year \_\_\_\_\_ Date Received GED (if applicable) Month \_\_\_\_\_ Year \_\_\_\_\_

Check the postsecondary school you plan to attend.  
 University of Houston System at Sugar Land  University of Houston – Main Campus  University of Houston – Downtown

Year in school **next** year: 1 2 3 4 5

Major or course of study: \_\_\_\_\_ Expected graduation date: Month \_\_\_\_\_ Year \_\_\_\_\_

Degree sought:  Bachelor's  Associate  Certificate  Other \_\_\_\_\_

Student will:  live on campus  live off campus

Name **all** postsecondary schools you previously attended (if any). Use **official school name**. Do **not** use abbreviations.

School: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Dates Attended: From \_\_\_\_\_ To \_\_\_\_\_ Total Credits Earned: \_\_\_\_\_ Degree Earned (if any): \_\_\_\_\_

Full name on transcript, if different from applicant's current name above \_\_\_\_\_

School: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

Dates Attended: From \_\_\_\_\_ To \_\_\_\_\_ Total Credits Earned: \_\_\_\_\_ Degree Earned (if any): \_\_\_\_\_

Full name on transcript, if different from applicant's current name above \_\_\_\_\_

**(If space provided in any section is inadequate, you may continue on additional sheets. Attachments must follow the same format.)**

**FINANCIAL DATA (REQUIRED)**

To be considered for an award, this section must be filled out completely. Adjusted gross income and total federal income tax amounts must be from the most recently filed tax return.

A copy of page one and two of the IRS FORM 1040 must be included with this application.

Instructions for this section are provided in the guidelines.

- I am a dependent student. The parent/guardian should complete this section as the data below represents the parent/guardian's finances. The tax form submitted shows the applicant claimed as a dependent.
- I am an independent student. The data below represents my and my spouse's (if applicable) finances.

1. State of Residence ..... Texas      6. Medical and Dental Expenses not paid by insurance (exclude premiums) ..... \$ \_\_\_\_\_

2. Adjusted Gross Income (FORM 1040) ..... \$ \_\_\_\_\_      7. Total Cash, Checking, Savings, and Cash Value of Stocks (exclude retirement plan funds, IRA, 401k) \$ \_\_\_\_\_

3. Total Federal Tax Paid (FORM 1040) ..... \$ \_\_\_\_\_ (Not the amount withheld from paychecks)      8. Total number of family members living in the household and primarily supported by the reported income ...# \_\_\_\_\_

4. Total Income of Father (Self) ..... \$ \_\_\_\_\_      9. Marital status of parent, guardian or self:  
 Married    Divorced    Separated    Widowed    Single  
Total Income of Mother (Spouse)..... \$ \_\_\_\_\_

5. Yearly Untaxed Income and Benefits:  
Please indicate source –  
 Social Security    AFDC    Child Support  
 Other \_\_\_\_\_ ..... \$ \_\_\_\_\_

10. Of the total number of family members on line 8, number of students attending college at least half-time during the next school year (include applicant, exclude parents) ...# \_\_\_\_\_

**OTHER AWARDS**

Please list the name and annual amount of any grants or scholarships you have been awarded for the upcoming school year only.

Name of Award:	School to which award will be applied:	Amount:	Check One:
_____	_____	\$ _____	<input type="checkbox"/> Granted <input type="checkbox"/> Pending
_____	_____	\$ _____	<input type="checkbox"/> Granted <input type="checkbox"/> Pending

**TRANSCRIPT INFORMATION**

A complete transcript of grades **must** be sent with this application. Grade reports are not acceptable.

1. **Applicants currently or previously enrolled in college or vocational-technical school must** include all college or vo-tech transcripts of grades from each school attended. Online transcripts must display student name, school name, grade and credit hours earned for each course, and term in which each course was taken.
2. **Applicants who have completed less than one full term** of postsecondary education **must** include a high school transcript of grades.
3. **Applicants who have completed less than one full term of postsecondary education and who did not graduate from high school** but have taken the General Educational Development (GED) test must provide a copy of their GED certificate and test scores.

**APPLICATION CHECKLIST**

The student is responsible for submitting all materials to Scholarship Management Services on time. Incomplete applications will not be evaluated. This application becomes complete and valid only when all of the following materials have been received:

- Student Application
- Copy of page one and two of IRS FORM 1040
- Complete Transcript(s) of Grades (including grading scale)
- If applicable, copy of applicant's U.S. Permanent Resident Card

All materials, including transcript(s), must be addressed to:

**The George Foundation Scholarship Program**  
Scholarship Management Services  
One Scholarship Way  
Saint Peter, MN 56082

**Postmark deadline May 25**

**CERTIFICATION**

Scholarship Management Services has the sole responsibility for selecting recipients based on criteria as set forth in the program's description. This application becomes the property of Scholarship Management Services. (It is recommended you keep a copy for your files.)

*I acknowledge decisions are final. I certify I meet eligibility requirements of the program as described in the guidelines and the information provided is complete and accurate to the best of my knowledge. If requested, I will provide proof of information, including an official transcript of grades. I authorize my college to release my academic information to Scholarship Management Services and The George Foundation. Falsification of information may result in termination of any award granted.*

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_  
(If applicant is dependent)