



# HIGHER EDUCATION/ADULT VOCATIONAL TRAINING SCHOLARSHIP APPLICATION

APPLYING FOR: ACADEMIC YEAR 20 TO 20 SEMESTER: FALL SPRING ONLY BOTH

First Name Last Name Maiden Social Security Number

Current Mailing Address City, State Zip Code Date of Birth

Mailing Address While at College City, State Zip Code Telephone Number

E-mail Address Sex: Male Female Student ID # (If Applicable)

Have you applied for H.E./AVT Before? Yes No If Yes, When:

Marital Status: Number of Dependents:  
Single Tribal Affiliation:  
Married Enrollment Number:  
Separated Veteran Status: Yes No  
Divorced

## EDUCATION INFORMATION:

High School Diploma YES NO Date: Name of School:  
GED YES NO Date: Name of Institute:

## POST-SECONDARY SCHOOL INFORMATION:

Name of College: Phone Number:  
Address: Fax Number:  
City, State, Zip:

Type of Institute: 2 Year College 4 Year College 4 Year University Graduate Program

Academic Level: Freshman 1-32 Credits Sophomore 33-64 Credits Junior 65-97 Credits Senior 98+ Credits Graduate

Student Status: New Student Returning Student Transfer Student

MAJOR: Plan to live: On Campus Off Campus With Parents

Anticipated Graduation Date: Degree Expected: AA AS BA BS

I \_\_\_\_\_ hereby certify that the above information on this application is true and correct to the best of my knowledge. I consent to the release of this information to all necessary agencies to complete my higher education/adult vocational application. I understand that any awards given to me from this program will be sent directly to my college/university on my behalf. I will provide copies of all grades and class schedules at the end of each semester no later than the deadline set forth.

Signature of Student

Date