



Assistance League of San Antonio Scholarship Application

Information provided and contained in this application is confidential and is used only for the purpose of scholarship selection

Last Name _____ First _____ Middle _____

San Antonio Address _____ Zip Code _____

Phone# _____ Cell Phone# _____

Email address _____

Name of Parent/Guardian _____

Address of Parent/Guardian _____

Name of Spouse, if applicable _____

Names and Ages of your Dependents, if applicable _____

College in Bexar County you now attend _____

Class Level Next Fall _____ Junior _____ Senior _____ Major _____

What college will you be attending next fall? _____

Anticipated Graduation Date _____

List extracurricular activities in which you have participated the last two years. Include the hours spent for each. These activities should include volunteer work, community service, club membership, etc. Include offices held and awards/honors received:

ACTIVITY	HOURS	DATE

Name of Applicant _____

FINANCIAL INFORMATION:

Who is responsible for financing your further education? _____

Applicant's Gross Annual Income \$ _____

Spouse's Gross Annual Income \$ _____

Family Assistance \$ _____

Applicant's Employment History (Begin with most recent):

Name of Business	Position	Hours per Week	Dates Employed
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1. _____

2. _____

3. _____

How much money will you need for college next year? Tuition \$ _____

Required Fees \$ _____ Books and Supplies \$ _____

Please list other financial resources and specify name and amount of each:

Scholarships \$ _____

Grants \$ _____

Student Loans \$ _____

Trusts, educational IRA's or other funding \$ _____

Please specify and explain any unusual family financial circumstances or expenses that you anticipate during the coming scholastic year.

Certification and Authorization:

I declare that the information reported is true, correct, and complete.

Applicant's Signature _____

Spouse's Signature, if applicable _____