

**Engineering Scholarship Program Application  
FY 2011**

1. Applicant's Name: \_\_\_\_\_ 2. SSN: \_\_\_\_\_

3. Institution to be attended: \_\_\_\_\_

**Part I (To be completed by H. S. Counselor or University's Engineering Scholarship Program Officer prior to student's first engineering scholarship)**

4. Applicant's High School graduation date: \_\_\_/\_\_\_/\_\_\_ 5. Rank: \_\_\_ in class of \_\_\_

6. High school grade point average in math and science: \_\_\_ on a 4.0 scale (**Attach worksheet.**)

7. High School Name: \_\_\_\_\_ 8. City: \_\_\_\_\_

9. Co.-Dist. No/ School Number: \_\_\_ \_\_\_ \_\_\_ / \_\_\_ \_\_\_ \_\_\_

Number may be obtained by going to the following link and doing a search by school:

<http://mansfield.tea.state.tx.us/TEA.AskTED.Web/Forms/SearchScreen.aspx?orgType=School>

**10. Certification Statement:** I hereby certify that the information reflected in this form is correct and based on records available through this high school.

\_\_\_\_\_  
Signature of H.S. Counselor/  
Scholarship Program officer

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date

*IF COMPLETED BY THE HS COUNSELOR,*

*PLEASE FORWARD THIS FORM WITH THE WORKSHEET ATTACHED, TO THE DEAN OF ENGINEERING OR STATE  
ENGINEERING SCHOLARSHIP PROGRAM OFFICER OF UNIVERSITY NAMED ABOVE.*

**Part II (To be completed by Engineering Scholarship Program Officer at the University)**

11. Applicant's college cumulative GPA: \_\_\_\_\_ on a 4.0 scale

12. Engineering program in which the student is enrolled: \_\_\_\_\_

13. Recommended award: \$ \_\_\_\_\_ 14. Priority number: \_\_\_\_\_

15. Has the student received an award through this program in a previous year? [ ] Yes [ ] No

16. Applicant's Gender: [ ] M [ ] F 17. County code of permanent residence: \_\_\_\_\_

18. Ethnic origin: [ ] White, non-Hispanic [ ] African-American, Black  
[ ] Hispanic or Latino [ ] Asian or Pacific Islander  
[ ] American Indian or Alaskan Native [ ] International  
[ ] Unknown

19. Is the applicant receiving other financial aid? [ ] Yes [ ] No (Be sure and notify FA of this award.)

**20. Certification Statement:** I hereby certify that the information reflected in this form is correct and based on records available through this department.

\_\_\_\_\_  
Program Officer Signature

\_\_\_\_\_  
Printed Name

\_\_\_\_\_  
Phone Number

\_\_\_\_\_  
Date