

**ASSOCIATION OF HISPANIC PROFESSIONALS, INC.
SCHOLARSHIP APPLICATION**

STUDENT INFORMATION:

Name _____ Email _____

Telephone _____

Address _____ Apt. # _____

Date of Birth _____ Place of birth _____

If born outside of the US, in what year did you arrive in the U.S.? _____

If born in the U.S., what is your Hispanic heritage? _____

School you attend: _____ School District: _____

Previous schools attended: _____

Colleges/Universities you have applied to:

- | | |
|----------|-----------------|
| 1. _____ | Accepted? _____ |
| 2. _____ | Accepted? _____ |
| 3. _____ | Accepted? _____ |
| 4. _____ | Accepted? _____ |

Career you are interested in: _____

Do you work? Yes No Where? _____

Community/Volunteer Service? Yes No Where? _____

Awards, Honors or other Scholarships:

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PARENT'S INFORMATION:

Father's Name: _____ Birthplace _____

Address: (if different from student) _____

Occupation: _____

Mother's Name: _____ Birthplace: _____

Address (if different from student) _____

Occupation: _____

Name of brothers or sisters living at home or away at school:

Name	Age	At home	Away at school	Occupation
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Please download the following documents

- An autobiographical essay which should include your career goals. How you arrived at that career decision and any other information which you think will be helpful to the scholarship committee to select you from a very competitive group of applicants.
- A copy of your FAFSA or your parent's 1040 tax form
- SAT or ACT results
- Two letters of recommendation
- Transcript

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