

ASSISTANCE LEAGUE® OF SAN ANTONIO **SCHOLARSHIP APPLICATION**

Name _____

San Antonio Address _____ Zip Code _____

Home Phone # _____ Cell Phone # _____

E-Mail Address _____

Name of Parent or Guardian _____

Address of Parent or Guardian _____

Name of Spouse if Married _____

Names and Ages of Your Dependents: (If not applicable, state N/A)

Applicant's Employment History:

	Name of Business	Position	Number of hours per week	Dates employed
1.	_____	_____	_____	_____
2.	_____	_____	_____	_____
3.	_____	_____	_____	_____

Current Annual Income \$ _____ Sources of Income – include current scholarships, grants, loans, and family assistance _____

Approximate Amount of Money Needed for School _____

College in Bexar County you now attend _____

Your Current College Classification _____ College Major _____

Do you plan a change of schools for next year? If so, where? _____

Anticipated Date of Graduation _____

Signature of Applicant _____ Date _____