

Assistance League of San Antonio Scholarship Application

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 _____

Please list recent extra curricular activities including volunteer work, community service, church involvement and club memberships. Include club offices, awards and honors received.

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 the most recent]:

	Name of Business	Position	Hours per Week	Dates Employed
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 _____