## SOUTHERN UNIVERSITY ALUMNI – HOUSTON CHAPTER SCHOLARSHIP APPLICATION

- Please print or type answers on this application. Incomplete applications will not be considered.
- Complete applications must be submitted or postmarked by March 15<sup>th</sup>.

CATEGORY: Select a so ○ Freshman	cholarship category.	O La	aptop
PERSONAL DATA			
Name			
Street Address			
City			
Zip Code			
Home phone			
Cell phone			
Student Email			
Name of Parent(s)/Guardian(s)			
Parent/Guardian Phone			
Parent/Guardian Email			
EDUCATIONAL DATA (	High School Students Only		EDUCATIONAL DATA
High School			(College Students Only)
City		_	College
Intended Major		_	Major
GPAACT Score	SAT Score	-	GPA
CERTIFICATION and RELEASE			
I hereby certify that all information in this application is true and accurate. I am aware that any misrepresentation will result in the disqualification of my application. I give the Southern University Alumni – Houston Chapter permission to publicize my scholarship award and photograph if I am a recipient.			
Signature of Applicant			Date
I hereby certify that I have read this application and that the minor applicant has my permission to apply for this scholarship.			
Signature of Parent/Guardian (required for applicant under age 18)  Date			