AFSA-IRS Scholarship Application Form

Applicant							
First Name		Last Name		Cell No.			
				Home No.			
Home Address	Address						
	City				State	ZIP	
Single ◯	Married ◯	U.S. Citizen	Yes ◯	No ◯	Application for (check one)	AFSA Scholarship ◯	James Howe Scholarship ◯
School Address (if not living at home)	Address						
	City				State	ZIP	
School Currently Attending			HS ◯ College ◯		Date enrolled		
Years of College Study Completed		Current GPA			Anticipated Graduation Date		
Field(s) of Study	Major Field		Minor Field				
If Employed	Current Employer						
Annual Income from Employment	Employer Address						
	City				State	ZIP	

List CURRENT Involvement in Student/Civic/Community Activities (use reverse or attach page if needed)

Candidate Signature:		Date

Sponsoring AFSA Member

First Name		Last Name		Relationship	
Signature of Sponsoring AFSA member who has reviewed the requirements and the application, and certifies that it is complete					Date

Applications are due to AFSA by June 1 of the year the scholarship is to be awarded.
Questions may be directed to the AFSA Executive Director by mail, phone, or email (210.291.6568 MaryRuizAFSA@gmail.com).
Late applications and/or late portions of applications will not be considered.

Send application package to: AFSA-IRS, PO Box 1187, Helotes, TX 78023

Use This Page for Continuation from Front Side or Attach Page