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 <u>by June 1</u> 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