

AFSA-IRS Scholarship Application Form

Applicant									
First Name		Last Name		Cell No.					
				Home No.					
Home Address		Address							
		City					State		ZIP
Single <input type="checkbox"/>	Married <input type="checkbox"/>	U.S. Citizen	Yes <input type="checkbox"/>	No <input type="checkbox"/>	Application for (check one)	AFSA Scholarship <input type="checkbox"/>	Howe/Fotinasos Scholarship <input type="checkbox"/>		
School Address (if not living at home)		Address							
		City					State		ZIP
School Currently Attending						HS College <input type="checkbox"/>	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				
<p>Applications are due to AFSA <u>by May 20</u> of the year the scholarship is to be awarded.</p> <p>Questions may be directed to the AFSA Executive Director by mail, phone, or email (210.291.6568 MaryRuizAFSA@gmail.com).</p> <p>Late applications and/or late portions of applications will not be considered.</p> <p>Send application package to: AFSA-IRS, PO Box 1187, Helotes, TX 78023</p>									

