



# Scholarship Application Panther Pipeline Nuclear Program



## APPLICANT INFORMATION

Name		UIN No.		Date of Birth	
Mailing Address					
City		State	Zip	Phone	
E-Mail			<input type="checkbox"/> Male		<input type="checkbox"/> Female
<input type="checkbox"/> Black/African American <input type="checkbox"/> White (Not Hispanic)		<input type="checkbox"/> Hispanic <input type="checkbox"/> Asian/Pacific Islander		<input type="checkbox"/> American Indian <input type="checkbox"/> Other	
Are you a U. S. Citizen?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	If No, what country are you a citizen? _____	
Are you a Permanent Resident of U. S.?		<input type="checkbox"/> Yes	<input type="checkbox"/> No	If No, what State are you a resident? _____	
Are you a Resident of Texas?		<input type="checkbox"/> Yes	<input type="checkbox"/> No		

## EDUCATION POST SECONDARY (institution currently enrolled)

Major		Anticipated Degree Title <input type="checkbox"/> B.S. <input type="checkbox"/> B.E. <input type="checkbox"/> Other _____			
Expected Graduation Date (Month/Year) _____/_____/_____		Cumulative GPA (at the end of last semester) _____ GPA (on a 4.0 Scale)			
<b>Classification</b>	<input type="checkbox"/> Freshman	<input type="checkbox"/> Sophomore		<input type="checkbox"/> Junior	<input type="checkbox"/> Senior
Organization Membership		Extracurricular Activities		Community Involvement	

Have you completed the Free Application for Federal Student Aid (FAFSA)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Are you currently receiving financial aid (grants, loans, work-study, or scholarships)?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
Where do you live?		<input type="checkbox"/> On-Campus	<input type="checkbox"/> Off-Campus

I certify that the information provided on this application is complete and accurate. I understand that providing false, misleading or incomplete information will be the basis for denial or revocation of scholarship funds. I understand that the Office of Student Financial Services reserves the right to modify my award (financial aid/scholarship, etc.) at any time due to changes in my eligibility, enrollment status, housing status, availability of funding; or receipt of any funds not included in my original award.

If necessary, Prairie View A&M University may release my academic information to University Colleges/Departments as well as outside donors. Prairie View A&M University has permission to release this information for review, recruitment and public relations. I further understand that awards depend on the availability of funds and financial need.

\_\_\_\_\_  
Student Signature

\_\_\_\_\_  
Date

### Leave Blank Internal Scholarship Office Only

<input type="checkbox"/> Dependent <input type="checkbox"/> Independent	Cumulative GPA _____	Cumulative HRS _____
Housing Owed _____	Overpayment Received <input type="checkbox"/> Yes    No <input type="checkbox"/>	Verified by _____