



Prairie View A&M University
Department Of Mathematics

Semester which Scholarship will apply: _____

PVAMU ID Number: _____ Date of Birth: _____

Legal Name: _____

_____	_____	_____
Last	First	Middle Initial

Permanent Address: _____

_____	_____
Street or P.O. Box	City, State and Zip

Local Address: _____

_____	_____
Street or P.O. Box	City, State and Zip

Home Telephone Number : () _____

Local Telephone Number: () _____

Classification (circle one) *Sophomore* *Junior* *Senior*

Major _____ Minor _____

Current Semester GPA:	_____	Current Semester GPA:	_____
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Cumulative GPA:	_____	Cumulative Hours:	_____
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Extracurricular Activities: _____

Have you completed a financial aid application?	Yes	No
Are you eligible for financial aid?	Yes	No
Are you currently receiving financial Aid?	Yes	No
Are you a U.S. Citizen?	Yes	No
What state/country do you have legal residence?	_____	
Are you a Resident Alien	Yes	No

My signature below certifies that the information provided in this application is true and complete to the best of my knowledge. I hereby give Prairie View A&M University permission to release this information for review, recruitment and public relations. If necessary, I also authorized release of my college transcript to University Colleges/Departments as well as outside donors. Completion of the application does not guarantee award.

Signature: _____ Date: _____

