



# PRAIRIE VIEW A&M UNIVERSITY

A Member of the Texas A&M University System

## Department of Social Work Education Flossie M. Byrd Scholarship Application

### REQUIRED DOCUMENTS

- Scholarship Application
- Financial Aid Award Letter
- Transcript
- Documentation of:
  - Community Service or
  - Student Leadership
- Statement of Necessity

*The statement of necessity must be at least two pages in length and should outline the applicants need for the scholarship and include factors such as extenuating circumstances and how the financial need could impact your upcoming semester as a PVAMU Social Work student. In addition, explain why you chose to attend an HBCU (specifically PVAMU) and the benefits of diversity in your field.*

### SOWK Scholarship Criteria

Applicants must have:

- Completed all THEA requirements
- A cumulative GPA of 3.0 or higher
- No grade below “C”
- Evidence of having been a student leader or active community service participant

**Submit applications, in an envelope or folder, to the Department of Social Work Education. Applications submitted without ALL documentation will not be processed.**

### Scholarship Application Deadlines

Semester	Deadline to Submit Completed Application
Fall 2016	March 15, 2016

*All scholarship awards are contingent upon the applicant providing final transcripts and enrolling full-time at Prairie View A&M University.*

# Scholarship Application

## APPLICANT INFORMATION

Name		Campus ID		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 Resident of Texas?	<input type="checkbox"/> Yes <input type="checkbox"/> No	If No, what State are you a resident?	_____		

## EDUCATION POST SECONDARY (institution currently enrolled)

Major		Anticipated Degree Title <input type="checkbox"/> B.S. <input type="checkbox"/> B.A. <input type="checkbox"/> Other _____			
Expected Graduation Date (Month/Year) _____/_____/_____		Current GPA (at the end of last semester) _____ Current GPA			
<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

<b>Leave Blank Internal Scholarship Office Only</b>		
<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 _____