

**Brailsford College of Arts & Sciences
Department of Biology
Dr. Emery R. Owens Endowment**

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"/> Hispanic		<input type="checkbox"/> American Indian	
<input type="checkbox"/> White (Not Hispanic)		<input type="checkbox"/> Asian/Pacific Islander		<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			
Classification	<input type="checkbox"/> Freshman	<input type="checkbox"/> Sophomore	<input type="checkbox"/> Junior	<input type="checkbox"/> Senior	<input type="checkbox"/> Graduate
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

Undergraduate Medical Academy	<input type="checkbox"/> Yes	<input type="checkbox"/> No
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Applying For: <input type="checkbox"/> Summer Session <input type="checkbox"/> Fall & Spring Semester <input type="checkbox"/> Fall Semester <input type="checkbox"/> Spring Semester *Check One Box Only

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 _____

PRAIRIE VIEW A&M UNIVERSITY
Biology Department Academic Scholarship Application

INSTRUCTIONS: Please submit the following items with this application:

- High School Transcript (For New Students)
- SAT/ACT Test Score(s)
- Transcript from all previous colleges attended

IDENTIFYING INFORMATION *(Please Print or Type)*

Name: _____ SS#: _____

Last First Middle

Date of Birth: _____ Place of Birth: _____ Male Female

Citizenship Status:

- United States of America
- Permanent Resident
- Green Card No.
Student Visa
- Other

Home Mailing Address: _____
Street or P.O.

City State Zip Code

Home Phone: (____) _____ Mobile Phone: (____) _____ - _____

E-Mail Address: _____

HIGH SCHOOL (To be completed by Freshman or Transfer students)

Name of High School _____

HS Mailing Address _____

Graduation Date: _____ Class Rank _____ Out of (Total Class) _____

Cumulative GPA _____ SAT _____ ACT _____ BIOL GPA _____

Extracurricular Activities: _____

UNIVERSITY /COLLEGE ACCOMPLISHMENT

Major: _____ Total Accumulated Hours _____

Cumulative GPA _____ Major GPA _____

Total SCH at PVAMU _____

Total SCH in Biology _____

- | | | |
|--|------------------------------|-----------------------------|
| Have you completed a fafsa? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Have you completed a PVAMU financial aid packet? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |
| Are you eligible for financial? | <input type="checkbox"/> YES | <input type="checkbox"/> NO |