



Prairie View A&M University
Scholarship Criteria Application

PART 1

Please advise the University regarding establishing guidelines for this scholarship by completing the information below:

Yes, the University may establish scholarship guidelines. (Please sign and return to the
1. ___ address below).

Name of Scholarship Donor

Print Name: _____ Title: _____

Signature: _____ Date: _____

Address: _____

No, the scholarship donor(s) will establish guidelines (Please complete part II, III, IV and return to the
2. ___ address below).

3. ___ Request further discussion with university officials by

___ Office Visit (Requested date and time) _____

___ Phone Call (Request date and time) _____

___ Mail (Request response by) _____

If you checked number three (3) you will receive a follow-up immediately so that we may finalize a discussion time as requested above.

Mail to:

University Scholarship Administrator
Prairie View A&M University
P. O. Box 519, MS 1200
Prairie View, Texas 77446-0519

Scholarship Donor

Scholarship Donor's Name: _____ **Date:** _____

Name of the Scholarship: _____

Scholarship Description

This scholarship is established as indicated below (check appropriate designation):

- _____ Endowment Scholarship – interest earned will be used for awards. Principal will not be used.
_____ Cash Scholarship – only the actual cash amount deposited to award scholarships.

Provide a brief description of the person(s) for who (whom) the scholarship is named:

Provide a brief description of the organization (foundation, company, association) for which the scholarship is named:

Scholarship Management

Total Dollar Amount of the Scholarship _____

Indicate the number of scholarships that may be awarded during a semester: _____

Indicate total dollar amount that each student may receive for each semester: _____

Indicate total dollar amount of scholarship award that may be offered for scholarship recipients each semester: _____

Special Instructions: _____

Scholarship Criteria

Name of Scholarship _____ Account Number _____

Academic Year of Coverage _____ College/Department _____

Instructions

Please check all criteria applicable for an individual to satisfy requirements for the scholarship listed above. Criteria must be used for academic year. Changes cannot be made until the beginning of the next academic year.

Who may apply? Freshman Sophomore Junior Senior All

Major _____ Minor _____

Major GPA _____ Minor GPA _____

Semester GPA _____ Cumulative GPA _____

Semester Hours _____ Cumulative Hours _____

High School Cumulative GPA _____ SAT _____ ACT _____

County, Texas, U. S., Foreign

Extracurricular Activities _____

Parent(s) are graduates of Prairie View A&M University

First Child to Attend College

Armed Services Army Navy Other _____ Veteran

Participation in Co-op/Intern Placement

Relative Employed by Company (Specify) _____

Special Talent (e.g. Art, Music, Drama) (Specify) _____

Program/Organizational Participation (e.g. Social/Church/Association)

Need based or lack of financial resources, low income family

Other – Specify all other requirements not covered above _____

College/Department Scholarship Manager

Date

Dean of College

Date

Scholarship Report

1. ___ The scholarship donor is not requesting a scholarship report.

2. ___ The scholarship donor is requesting a scholarship report. Describe the information that you would like to have in the report.

Official Address for the Scholarship:

Home: _____
City: _____
State: _____
Zip Code: _____
Phone No.: _____

BusinessAddress: _____
City: _____
State: _____
Zip Code: _____
Phone No.: _____

Name of Scholarship Donor

Scholarship Manager's Name _____
Signature of Donor or Official Establishing the Scholarship _____
Name: _____ Title: _____

**Leave Blank
Internal Use Only**

Date Scholarship Established: _____	Account No.: _____
Signature Authority on this Account: _____	Title: _____
Scholarship Administration Review: _____	Title: _____
Presidential or Designee Review: _____	Title: _____