

**Marvin D. and June Samuel Brailsford College of Arts & Sciences**  
**Department of Biology**  
**Summer Bridge Biology Program**

**APPLICANT INFORMATION**

Name		Social Security No./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	<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

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

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</b>		
<b>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 _____

**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 |

