



## GAPASCA SCHOLARSHIP CONTINUATION APPLICATION

For School Year: \_\_\_\_\_ to \_\_\_\_\_ Semester: \_\_\_ (1<sup>st</sup>) or \_\_\_ (2<sup>nd</sup>)

I, \_\_\_\_\_ a GAPASCA scholar, wish to apply for Scholarship Grant Continuation. I have read and understand the terms and conditions of the GAPASCA Scholarship Program. If approval of this application is granted I agree to abide by its terms and conditions. Further, I give GAPASCA permission for the use and reproduction of my personal information, photographs, video, for publication, whether electronic, print (bulletins, brochures, newsletter) in digital or electronic publishing in GAPASCA's website for the purpose of promoting the organization's mission. I agree to willingly provide such photographs and personal information that are related to the course of my scholarship award. In addition, permission is hereby given to GAPASCA to access my college account, to settle my tuition fees and to confirm my grades. I understand that GAPASCA will exercise discretion in the use of all these information.

Date \_\_\_\_\_ Signature \_\_\_\_\_

### **PRINT OR TYPE:**

APPLICANT'S LEGAL NAME \_\_\_\_\_  
LAST FIRST MIDDLE NAME

Permanent Residence \_\_\_\_\_  
\_\_\_\_\_

School Residence Address: \_\_\_\_\_  
(Dorm or other) \_\_\_\_\_

Telephone # \_\_\_\_\_ Email Address : \_\_\_\_\_

Name of Last School Attended:		
Address:		
Email Address Admission Office:	Telephone# Admission Office:	School year/ Semester:
Course & Major:	Number of units completed From previous semester:	GPA:

### Registration & Tuition Payment Information -

Number of units registered:	Tuition Amount:
Payment Due Date:	Method of payment accepted:

*Note: GPA certification and incoming semester registration must be submitted with this application at [scholarship.gapasca@gmail.com](mailto:scholarship.gapasca@gmail.com). This form is available at [www.gapasca.org](http://www.gapasca.org) at scholarship page.*

### **Countersigned and Verified:**

I, the undersigned, verify that the above applicant is a registered student in our institution currently registered with the number of units stated above.

Printed Name, School Administrator/Representative \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_\_