

APPLICATION FOR HPEMBA, Inc. ACADEMIC SCHOLARSHIP

DATE_____

I. PERSONAL INFORMATION

Name:_____Age:_____

Date of Birth: _____ Gender _____

Home Address: _____

City _____ Zip _____

Your personal contact number(s) Home: _____ Cell: _____

Name & Address of (2) persons in your community for character references, and their phone numbers (references must be non-family members):

1. Name _____

Address: _____ City _____ Zip _____

Phone: (_____) _____

2. Name _____

Address: _____ City _____ Zip _____

Phone: (_____) _____

II. FAMILY INCOME AND FINANCIAL RESOURCES INFORMATION

Father's Name _____

Address _____ City _____

Occupation: _____

Annual Income: _____ Total Gross: _____

Mother's

Name _____

Address _____ City _____

Occupation: _____

Annual Income: _____ Total Gross: _____

List Names of Dependent Children:

How many dependents are currently in college? _____

III. ACADEMIC INFORMATION

Name of High School _____

Address _____

City _____ State _____ Zip _____

Expected Graduation Date: _____ Years attended _____ to _____

Type of Diploma _____

Overall High School GPA (to date): _____ SAT/ACT Score: _____

(Most recent HS transcript is required. See application requirements)

Extracurricular and/or Community Activities participated in (all HS years)

Clubs/Organizations you are or have been active in:

Hobbies or Special Interests

1. Colleges Applied to: (*List in order of preference*). Have you been accepted?

- a. _____ ☐ Yes ☐ No
- b. _____ ☐ Yes ☐ No
- c. _____ ☐ Yes ☐ No

Proposed Field of Study:

What is Your Intended Career?

What is your 5-year plan?

IV. CHURCH INFORMATION

Church Membership Information: _____

Address: _____

City/State: _____ Zip _____

Pastor's Name: _____

Pastor's Home Number: _____

Are you active in your church organizations? Yes ☐ No ☐ If yes, please list:

[illegible]

By signing this application, I certify under penalty of perjury and false swearing that my answers are correct and complete to the best of my knowledge. • I acknowledge that I understand the questions and statements on this application. • I understand the penalties for giving false information or breaking the rules. • I understand that the HPEMBA and its representatives may contact other persons or organizations to obtain needed proof of my eligibility and level of award. • I understand that failure to report or verify any of the required information may be seen as a statement by me that I do not wish to receive award compensation. I also agree that:
*If I am granted an award, barring any unforeseen circumstances, I will continue my plans to study as indicated on this application.

*I have enclosed these required portions of the application:

- ☐ *Completed Application Form*
- ☐ *Official Transcript (sealed by school)*
- ☐ *Letters of Recommendation*
- ☐ *Pastor's Letter of Recommendation*

Signature: _____ Date: _____