

## APPLICATION FOR HPEMBA, Inc. ACADEMIC SCHOLARSHIP

Name:		Age:
Date of Birth:		
Home Address:		— <del></del>
City		
Your personal contact number(s)	Home:	Cell:
Name & Address of (2) persons in	n your community for character i	references, and their phone nu
(references must be non-family	members):	
1. Name		
Address:	City	Zip
Phone: ()		
2. Name		
Address:	City	Zip
Phone: ()		
Father's Name		
Father's NameAddress		City
Father's NameAddressOccupation:		City
Father's NameAddressOccupation:Annual Income:	Total Gross:	City Mother's
Father's NameAddressOccupation:Annual Income:Name	Total Gross:	City Mother's
Father's NameAddressAnnual Income:NameAddressAddressAddressAddressA	Total Gross:	City Mother's City
Father's NameAddressAnnual Income:NameAddressOccupation:	Total Gross:	City Mother's City
Father's NameAddressOccupation:NameAddressOccupation:AddressOccupation:Annual Income:Annual Income:	Total Gross: Total Gross:	City Mother's City
Father's NameAddressOccupation:NameAddressOccupation:AddressOccupation:Annual Income:Annual Income:	Total Gross: Total Gross:	City Mother's City
Father's NameAddress	Total Gross:Total Gross: Total Gross: at upon Parents:	City Mother's City
Father's Name	Total Gross:Total Gross: Total Gross: at upon Parents:	City Mother's City
Father's Name	Total Gross:Total Gross: tupon Parents:  ently in college?	City Mother'sCity
Father's Name	Total Gross:Total Gross: nt upon Parents: ently in college?	City Mother'sCity
Father's Name	Total Gross:Total Gross: tupon Parents:  ently in college?	City Mother's

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

	Clubs/Organizations you are or have been active in:				
	Ho	bbies or Special Interests			
2.		lleges Applied to: ( <i>List in order of preference</i> ). Have you been accepted?  Yes No			
	b.	Yes			
	c.	Yes			
		Proposed Field of Study:			
		What is Your Intended Career?			
		What is your 5-year plan?			
Ch	urch	CH INFORMATION  Membership Information:			
Chi Ad	urch dres	Membership Information:s:			
Chi Ad Cit	urch dres y/Sta	Membership Information:			
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Chi Add Cit Pas Pas Are	urch dres yy/Sta stor' stor'	Membership Information:  s:  ate:  ate:  s Name:  s Home Number:  u active in your church organizations? Yes  No If yes, please list:  E PROVIDE A PERSONAL STATEMENT NOT TO EXCEED 150 WORDS OR 1 PAGE ADDRESSING YOL			
Chi Add City Pass Are Plass Are	urch dres y/Sta stor' stor' LEAS	Membership Information:  s:  ate:  s Name:  s Home Number:  u active in your church organizations? Yes No If yes, please list:			
Chi Add City Pass Are Plass Are	urch dres y/Sta stor' stor' LEAS	Membership Information:  s:  ate:  s Name:  s Home Number:  u active in your church organizations? Yes No If yes, please list:  E PROVIDE A PERSONAL STATEMENT NOT TO EXCEED 150 WORDS OR 1 PAGE ADDRESSING YOU  EMIC MERIT, YOUR INVOLVEMENT WITHIN THE LOCAL CHURCH/ASSOCIATION, REASONS FOR PROVIDE ADDRESSING YOU  EMIC MERIT, YOUR INVOLVEMENT WITHIN THE LOCAL CHURCH/ASSOCIATION, REASONS FOR PROVIDE ADDRESSING YOU  EMIC MERIT, YOUR INVOLVEMENT WITHIN THE LOCAL CHURCH/ASSOCIATION, REASONS FOR PROVIDE ADDRESSING YOU  EMIC MERIT, YOUR INVOLVEMENT WITHIN THE LOCAL CHURCH/ASSOCIATION, REASONS FOR PROVIDE ADDRESSING YOU  EMIC MERIT, YOUR INVOLVEMENT WITHIN THE LOCAL CHURCH/ASSOCIATION, REASONS FOR PROVIDE ADDRESSING YOU  EMIC MERIT, YOUR INVOLVEMENT WITHIN THE LOCAL CHURCH/ASSOCIATION, REASONS FOR PROVIDE ADDRESSING YOUR  EMIC MERIT, YOUR INVOLVEMENT WITHIN THE LOCAL CHURCH/ASSOCIATION, REASONS FOR PROVIDE ADDRESSING YOUR  EMIC MERIT, YOUR INVOLVEMENT WITHIN THE LOCAL CHURCH/ASSOCIATION, REASONS FOR PROVIDE ADDRESSING YOUR  EMIC MERIT, YOUR INVOLVEMENT WITHIN THE LOCAL CHURCH/ASSOCIATION, REASONS FOR PROVIDE ADDRESSING YOUR  EMIC MERIT ADDRESSING YOUR PROVIDE ADDRESSING YOUR			

By signing this application, I and complete to the best of on this application. • I under understand that the HPEMB needed proof of my eligibilit required information may be also agree that:	my knowledge. • I acknowled is tand the penalties for giving A and its representatives may and level of award. • I under the control is a second to the cont	edge that I understand the quag false information or break by contact other persons or collerstand that failure to report	uestions and statements ing the rules. • I organizations to obtain to recify any of the
*If I am granted an award, ba	<del>-</del> •	nstances, I will continue my	plans to study as
indicated on this application *I have enclosed these requi		ion:	
Completed Applic		on.	
<b>=</b> ' ' ' '	t (sealed by school)		
Letters of Recomi			
College Acceptan	ce Letters		
Signature:		Date:	