## **APPLICATION FOR HPEMBA, Inc. ACADEMIC SCHOLARSHIP**

DATE\_\_\_\_

## Ι. PERSONAL INFORMATION

Name: Date of Birth:	Gender	Age:
Home Address:		
City		
Your personal contact number(s) Hom	 e:	Cell:
Name & Address of (2) persons in ye	-	er reterences, and their ph
numbers (references must be non-f	· ·	
1. Name		
Address:	-	Zıp
Phone: ()		
2. Name		<b>_</b> 7.
Address:	•	∠ıр
Phone: ()		
FAMILY INCOME AND FINANCIAL	. RESOURCES INFORMAT	ION
Father's Name		
Address		
Occupation:		
Annual Income:	lotal Gross:	
Mother's		
Name		
Address		City
Occupation:		
Annual Income:	Total Gross:	
List Names of Dependent Children:		
How many dependents are currently in	n college?	
How many dependents are currently ir	n college?	
	n college?	
ACADEMIC INFORMATION		
ACADEMIC INFORMATION Name of High School		
ACADEMIC INFORMATION Name of High School		
	State	Zip
ACADEMIC INFORMATION Name of High School Address	State Years attended	_ Zip to

Ċ	Clubs/Organizations you are or have been active in:			
_				
-  -	lobbies or Special Interests			
-	Colleges Applied to: ( <i>List in order of preference</i> ). Have you been accepted?			
		Yes 🛛 No		
c c		Yes 🔲 No		
Ū	Proposed Field of Study:			
	What is Your Intended C			
	 What is your 5-year plan	ı?		
Chur		n:		
		Zip		
Pasto	or's Name:			
Pasto	or's Home Number:			
۲e γ	vou active in your church org	ganizations? Yes 🔲 No 🔲 If yes, please list:		

IV.

PLEASE PROVIDE A PERSONAL STATEMENT NOT TO EXCEED 150 WORDS OR 1 PAGE ADDRESSING YOUR ACADEMIC MERIT, YOUR INVOLVEMENT WITHIN THE LOCAL CHURCH/ASSOCIATION, REASONS FOR PURSUING VOCATIONAL/OCCUPATIONAL GOALS, AND WHY YOUR FEEL YOU ARE DESERVING OF THIS SCHOLARSHIP.

Form updated 2/24/2020 www.HPAssociation.com

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: \_\_\_\_