



# SAN ANTONIO EDUCATION PARTNERSHIP (SAEP) SCHOLARSHIP 2019-2020

PLEASE PRINT CLEARLY AND RETURN THIS FORM TO YOUR SAEP ADVISOR OR SCHOOL COUNSELOR'S OFFICE BY

**March 31, 2020**

HIGH SCHOOL		STUDENT ID NUMBER		CURRENT GRADE LEVEL		DATE OF BIRTH (MM/DD/YYYY)	
LAST NAME		FIRST NAME		MIDDLE INITIAL		GENDER <input type="radio"/> FEMALE <input type="radio"/> MALE	ETHNICITY <input type="radio"/> AFRICAN AMERICAN <input type="radio"/> HISPANIC <input type="radio"/> ASIAN <input type="radio"/> WHITE <input type="radio"/> OTHER
SOCIAL SECURITY NUMBER*			PERSONAL E-MAIL			STUDENT CELL PHONE #	
HOME ADDRESS			CITY			ZIP CODE	
PARENT/GUARDIAN NAME		PARENT/GUARDIAN E-MAIL		PARENT/GUARDIAN CELL PHONE #		ARE YOUR PARENTS/GUARDIANS A VETERAN OR ACTIVE MEMBER OF THE MILITARY? <input type="radio"/> YES <input type="radio"/> NO	
DID YOUR PARENTS RECEIVE THEIR HIGH SCHOOL DIPLOMA OR GED? YES <input type="radio"/> NO <input type="radio"/>				DID YOUR PARENTS EARN A 4 YR BACHELORS DEGREE? YES <input type="radio"/> NO <input type="radio"/>			
<b>WHAT ARE YOUR PLANS AFTER HIGH SCHOOL?</b> (Circle One)   •Attend 2-year College   • Attend 4-year University   •Enlist in Military   • Join Workforce  COLLEGE/UNIVERSITY: _____   PLAN TO TRANSFER? NO / YES   If "yes," where? _____							
<b>SAEP SCHOLARSHIP ELIGIBILITY</b>				<b>AWARDING REQUIREMENTS</b>			
<ul style="list-style-type: none"> <li>▪ Submit this <b>SAEP scholarship form</b> your senior year on or before the <b>March 31st deadline</b> to an SAEP Advisor or high school counselor</li> <li>▪ Attend <b>three (3) SAEP college success activities</b> by the <b>April 30<sup>th</sup> deadline (must attend at least 1 activity at cafécollege)</b></li> <li>▪ Submit your <b>Student Aid Report (SAR)</b>; must demonstrate financial need as determined by SAEP on or before the <b>June 30<sup>th</sup> deadline</b></li> <li>▪ Achieve an overall <b>80 or above grade point average</b> upon high school graduation (Inclusive: 9<sup>th</sup> – 12<sup>th</sup> grade on your <b>final transcript</b>)</li> </ul>				<ul style="list-style-type: none"> <li>▪ Graduate from a participating SAEP high school</li> <li>▪ <b>Attend one (1) SAEP Scholarship Activation Seminar</b> by <b>May 30<sup>th</sup></b></li> <li>▪ Enroll full-time (12+ credit hours)</li> <li>▪ Enroll in a SAEP participating college/university**</li> <li>▪ Enroll in Fall or Spring semester following high school graduation</li> <li>▪ Be enrolled in consecutive semesters (no gap year)</li> </ul>			

\*Social Security Number is not required on the scholarship form, but will be required to verify eligibility and enrollment.

\*\*Participating Colleges/Universities: Alamo Colleges: SAC, PAC, SPC, NLC, or NVC | UTSA, UTHSA, TAMU-SA | OLLU, St. Mary's University, Trinity University, or UIW

### Please initial by each statement: AUTHORIZATION and EDUCATIONAL RELEASE

- I authorize the release of my high school transcript, attendance records, college entrance, financial aid and other school information requested by the San Antonio Education Partnership to determine scholarship eligibility.
- I authorize the San Antonio Education Partnership to have access to my academic and enrollment information at any college/university I attend in their effort to assist with the successful completion of my postsecondary education, semester, financial aid status, degree(s) earned, and graduation/transfer date(s).
- I give my permission to the San Antonio Education Partnership to amend this form in the event I transfer from the college initially listed when originally signed. I understand that the information collected will be used to compile program reports and will be shared to document program effectiveness.
- I understand that this authorization is valid for a maximum of ten years after high school graduation or until graduation from college, and I may request a copy of my educational records from the San Antonio Education Partnership.

### Please initial by each statement: ACKNOWLEDGEMENT and AGREEMENT

- I understand that final scholarship eligibility will be granted or denied as determined by my meeting the eligibility/awarding requirements listed above.
- I understand and agree that the awarding of a SAEP scholarship, upon my graduation and college enrollment, is contingent upon funds availability.
- I understand that scholarship awarding will be in the fall semester following high school graduation.
- I have read and understand the information above and, by my signature below (handwritten or electronic), hereby acknowledge and agree to the San Antonio Education Partnership's SAEP Scholarship terms and criteria.

STUDENT SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

SAEP ADVISOR SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

In office use only:

UDC Update/Commitment Form: Initials \_\_\_\_\_  
 Demographic/Contact Updated: Initials \_\_\_\_\_

Batched: Initials \_\_\_\_\_  
 Final Eligibility & UDC Updated: Initials \_\_\_\_\_