



## SCHOLARSHIP APPLICATION

NAME: \_\_\_\_\_  
LAST FIRST M.I.

DATE OF BIRTH: \_\_\_\_/\_\_\_\_/\_\_\_\_ S.S. #: \_\_\_\_-\_\_\_\_-\_\_\_\_

ADDRESS: \_\_\_\_\_  
STREET No. APT.

\_\_\_\_\_  
CITY STATE ZIP CODE

TEL.: (\_\_\_\_) \_\_\_\_-\_\_\_\_ GUARDIAN NAME: \_\_\_\_\_

FIELD OF STUDY: \_\_\_\_\_

OCCUPATIONAL GOAL: \_\_\_\_\_

SCHOOL: \_\_\_\_\_ PRESENT CLASS LEVEL: \_\_\_\_\_

AVERAGE GRADES (G.P.A., %, OR LETTER): \_\_\_\_\_

DID YOU APPLY TO ANY COLLEGES ? YES \_\_\_\_ NO \_\_\_\_

IF SO, WHAT PROGRAM DID YOU APPLY FOR ? \_\_\_\_\_

EXTRACURRICULAR ACTIVITIES: \_\_\_\_\_

I CERTIFY THAT THE ABOVE RESPONSES ARE TRUE TO THE BEST OF MY KNOWLEDGE. I UNDERSTAND THAT THIS IS A PRELIMINARY REGISTRATION FORM TO BE USED BY HAES TO DETERMINE THE POSSIBILITY OF MY PARTICIPATING IN THE HAES SCHOLARSHIP PROGRAM.

\_\_\_\_\_  
SIGNATURE DATE

----- PLEASE DO NOT WRITE BELOW THIS LINE -----

PROCESSED BY: \_\_\_\_\_ DATE: \_\_\_\_/\_\_\_\_/\_\_\_\_