

# STUDENT SCHOLARSHIP APPLICATION FORM

110 Gallery Circle, San Antonio, Texas 78258

Tel. (210)366-1611 – Fax (210)377-2975



## INSTRUCTIONS

Please print clearly the following information. Turn in completed application, with all applicable signatures, to Admissions Office.

1. If this form is incomplete, inaccurate, or not signed, it will not be considered.
2. Please submit a new application each semester or as required by scholarship criteria.
3. Must attach a written statement describing educational goals and other relevant information.

(See specific scholarship criteria).

Please select which Scholarship you are applying for:

<input type="checkbox"/>	Institutional				
<input type="checkbox"/>	Sibling	UAG Student Name	<input type="text"/>	UAG ID #	<input type="text"/>
<input type="checkbox"/>	Alumni Legacy	UAG Alumni Name	<input type="text"/>	UAG ID #	<input type="text"/>

## Personal Information

Applicant Name:	<input type="text"/>				
Address:	<input type="text"/>				
City:	<input type="text"/>	State:	<input type="text"/>	Zip:	<input type="text"/>
Home Phone:	<input type="text"/>	Mobile Phone:	<input type="text"/>	Email:	<input type="text"/>
DOB:	<input type="text"/>	SSN#:	<input type="text"/>	App ID:	<input type="text"/>

## Academic Information

Semester for which application is being made:	Spring	<input type="checkbox"/>	Fall	<input type="checkbox"/>	Year:	<input type="text"/>
College:	<input type="text"/>	Credit Hours Earned:	<input type="text"/>			
Major:	<input type="text"/>	GPA:	<input type="text"/>	MCAT Score:	<input type="text"/>	

## Authorization Information

I release to the Universidad Autonoma de Guadalajara (UAG) the right to access all my current and ongoing personal and academic records and transcripts. If awarded a scholarship, I understand that I must meet the scholarship criteria and Standards of Academic Progress for the UAG Scholarship Award.

I understand my name and information from my academic history may be released to the scholarship selection committee(s) and the scholarship donor(s). If awarded a scholarship, I release to the UAG, the right to arrange a meeting with the donor(s) and use my name, story, and picture for printed and video materials, reports, and press releases, without compensation, as well as I will attend ceremonies and receptions. I also recognize the advisability of communicating a letter of thanks to the donor of the scholarship.

I certify that the statements herein are true to the best of my knowledge and grant my permission for the information contained herein to be shared with the scholarship selection committee(s) and scholarship donor(s).

Student Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## UAG Admissions Office Use Only

UAG Register Signature:	_____	Date:	_____	GPA:	_____	MCAT:	_____
Scholarship Fund Recommended:	_____	App ID #:	_____				

## UAG Scholarship Committee Use Only

Executive Director Signature:	_____				
Scholarship Awarded:	_____	Date:	_____		