Arizona Professional Chapter of AISES Scholarship Application **Application for School Year 2008-09**

Student Profile All information must be completed.

Applicant: _____
Last Name *First Name* *MI*

SS#: _____-_____-_____ Tribe(s): _____ Blood Quantum: _____

Date of Birth: ____/____/____ Place of Birth: _____ Gender: ☐ Male ☐ Female

MAILING INFORMATION Please indicate where you would like your hard copy mail sent:

☐ Permanent Address ☐ School Address

Permanent Address: _____
Number *Street* *Apt. #*

_____
City *State* *Zip Code* *Telephone*

School Address: _____
Number *Street* *Apt. #*

_____
City *State* *Zip Code* *Telephone*

Email Address: _____

ACADEMIC PROFILE High school and college information, and cumulative grade point average on a 4.0 scale must be provided. List all high school and colleges/universities attended starting with the most current.

Name of Institution	*Location (City/State)*	*Attendance (Mo/Yr)*	*Grad Date (Mo/Yr)*	*Cum. GPA*
Name of Institution	*Location (City/State)*	*Attendance (Mo/Yr)*	*Grad Date (Mo/Yr)*	*Cum. GPA*

Indicate at what level you will be in the semester this application is submitted:

☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior

Major: _____

Degree currently being pursued: ☐ AA ☐ AS ☐ BA ☐ BS ☐ Other_____

DISCLOSURE I hereby certify that the information provided in this application is to the best of my knowledge true and correct. I have not knowingly withheld any facts or circumstances that could otherwise jeopardize consideration of this application. I also understand that if I am selected for this award, I am responsible for providing AISES with proof of enrollment/enrollment verification, official college transcripts for the semester awarded, and any other required documents in a timely manner.

Signature of Applicant _____ Printed Name _____ Date _____

Completed Application Packets Must be Postmarked on or before **October 10, 2008** and sent to:

AzPC – AISES
Scholarship Coordinator
P.O. Box 2528
Phoenix, AZ 85002-2528