

Southwest Association of Student Assistance Programs
Arkansas * Louisiana * New Mexico * Oklahoma * Texas

2016 Scholarship
Pre-Collegiate Application
(Application and Supporting Materials Deadline: July 1, 2016)

I. APPLICANT CONTACT INFORMATION:

Full Name: _____
Address: _____
City/State/Zip: _____
E-Mail Address: _____
Phone: _____

Complete the required Social Media Response: **What TRIO Means To You (100 Characters or less)** (This is not the essay requirement for the SWASAP Scholarship)

II. TRIO PROGRAM AFFILIATION:

_____ Talent Search
_____ Upward Bound
_____ Upward Bound Math/Science

Cumulative GPA (on an unweighted 4.0 scale): _____

Entry Date into TRIO:
(to be completed by TRIO program staff) _____

School/College Program: _____

Full Name of TRIO Director: _____

TRIO Director Phone: _____

TRIO Director Email: _____

III. EDUCATION: (List final high school/GED program and all colleges attended in chronological order)

Name and Location of Institution	Dates Attended Month/Year	Degree or Hours Completed

IV. POSTSECONDARY PLACEMENT:

Name and Location of College/University	Start Date

All electronic application materials, including recommendation letters and verification form, must be received by July 1, 2016 and sent to scholarshipswasap@gmail.com subject: SWASAP Scholarship

V. APPLICATION RESUME (Complete using Word and attach to application)
Scholarship Resume Format

Full Name:
Address:
Email:

Education:
 High School
 Class of XXXX
 University/College
 Major
 Minor
 Completed Hours
 Current GPA

Extracurricular Activities:
 High School
 Club name – Grades XXX
 Sports Teams – Grades XXX
 University/College
 Organization Name – XXXX-XXXX

Community Service:
 High School
 Organization name – Grades X-X Estimated hours of services
 University/College
 Organization name- XXXX-XXXX Estimated hours of services

Work History:
 Company
 Position/Title Years of employment

Awards/Honors:
 High School
 Award/Honor Sponsor Grade XX
 University/College
 Award/Honor Sponsor XXXX

VI. PLEASE LIST THE TWO REFERENCES WHO WILL BE SUBMITTING LETTERS OF RECOMMENDATION ON YOUR BEHALF (One must be from TRIO personnel who is a SWASAP member. The other may be academic, community, personal, etc. who is a non-family member.)

Name/Title	E-mail Address	Phone Number
1.		
2.		

My signature indicates that the materials submitted for this application are done so voluntarily and are accurate to the best of my knowledge. I assume responsibility for assuring that all contact information is accurate and that I will contact each listed individual to prepare them for their receipt of the required supporting documents. Permission is also given to the Southwest Association for Student Assistance Programs to use for promotional purposes (in written or oral form) any information associated with this application.

Applicant's Electronic Signature _____ Date _____

SWASAP Verification Form
TRIO Program Director completes this form

Applicant Name: _____

Applicant TRIO Program: _____

TRIO Program Director: _____

_____ has been an active participant of _____ at
Applicant Name **Program Name**

_____ for _____ of years.
Host Institution **Number**

_____ meets the TRIO eligibility requirement for the SWASAP Scholarship Competition.
He/She

Final (8 Semester) GPA: _____

Program Director Signature

Date

Program Director SWASAP membership will be verified by the SWASAP Secretary and Treasurer.