

ASSISTANCE LEAGUE OF SAN ANTONIO® SCHOLARSHIP APPLICATION 2024 (St. Phillips)
Information provided and contained in this application is confidential and is used only for the purpose of scholarship selection.

PERSONAL INFORMATION:

Last name _____ First name _____

Address _____

Cell phone _____ Email _____

How many people live in your household? _____

EDUCATIONAL INFORMATION:

What college/university in Bexar County do you currently attend?

If you plan to attend a different college/university in Bexar County next fall, identify which one

Class level Fall 2024: Junior ___ Senior ___ Major _____ Minor _____

ADDITIONAL INFORMATION:

List your extracurricular activities during the past two years: include volunteer, community service, and club membership.

<u>Activity/Service</u>	<u>Hours/week</u>	<u>Dates</u>	<u>Committee/Officer</u>
			<u>Yes/No Position</u>

List your employment history during this school year:

Employer	Hours/Week	Dates

If not employed:

Do you plan to work next semester? Yes _____ No _____

Is employment an option based on your school/family situation? Yes _____ No _____

Please explain: _____

FINANCIAL INFORMATION:

Are you the sole contributor to the cost of your education? Yes _____ No _____

If no, please list other contributors:

Relationship _____ Annual Contribution _____

Relationship _____ Annual Contribution _____

Applicant's gross annual income \$ _____

Does the applicant have any dependents? Yes ___ No ___

If yes, please identify the relationship and ages.

Does the applicant have any special financial considerations such as childcare, transportation or other concerns? If yes, please describe.

Applicant **must** provide an **official financial obligation document from the college/university and official financial documentation listing any additional grants/scholarships they have.**

A. Total cost (including fees) \$ _____

B. Total scholarship income \$ _____

C. Total grant income \$ _____

D. Parent or other outside income \$ _____

E. Student loans \$ _____

Total amount needed= A-(B+C+ D+E) \$ _____

CERTIFICATON AND AUTHORIZATION:

I declare that this information is true, correct, and complete.

Applicant's Signature: _____

Date of Application: _____