



**A.C.S.R.**  
**SCHOLARSHIP APPLICATION**  
**2021 - 2022**

PLEASE PRINT IN CAPITAL LETTERS  
ATTACH REQUESTED DOCUMENTS  
INCOMPLETE APPLICATION WILL NOT BE ENTERTAINED

**PART A**

*Tell us about yourself*

YOUR NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

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

CELL PHONE \_\_\_\_\_ HOME PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

DATE OF BIRTH \_\_\_\_\_

SOCIAL SECURITY #

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US CITIZEN ☐

PERMANENT RESIDENT ☐

USCIS A-NUMBER

A#

DRIVING LICENSE NO. \_\_\_\_\_ STATE \_\_\_\_\_ EXPIRES \_\_\_\_\_

DO YOUR PARENTS CLAIM YOU AS DEPENDANT ON TAX RETURN ☐ YES ☐ NO

**PART B**

*Tell us about your ACSR affiliation*

ACSR MEMBER'S NAME \_\_\_\_\_

NAME OF THE STORE \_\_\_\_\_

ACSR # \_\_\_\_\_

STORE ADDRESS \_\_\_\_\_

CITY \_\_\_\_\_ TX, ZIP CODE \_\_\_\_\_ COUNTY \_\_\_\_\_

STORE PHONE \_\_\_\_\_ FAX NUMBER \_\_\_\_\_

CELL PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

YOUR RELATIONSHIP TO ACSR MEMBER \_\_\_\_\_

### **PART C**

*Tell us about your high school*

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

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

MAJOR \_\_\_\_\_ MINOR \_\_\_\_\_

DATE OF GRADUATION \_\_\_\_\_

MEMBER OF ANY SOCIETY \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_

CELL PHONE \_\_\_\_\_ OFFICE PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

### **PART D**

*Tell us about your grades*

*(PLEASE ATTACH COPY OF THE OFFICIAL TRANSCRIPT)*

GPA \_\_\_\_\_ GRADE % \_\_\_\_\_ RANKING \_\_\_\_\_

(WHICHEVER IS APPLICABLE)

### **PART E**

*Tell us about your new school*

*(PLEASE ATTACH COPY OF THE ADMISSION LETTER)*

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

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

SCHOOL'S WEBSITE \_\_\_\_\_

SUBJECTS TAKEN \_\_\_\_\_

MAJOR \_\_\_\_\_ MINOR \_\_\_\_\_

MEMBER OF ANY SOCIETY \_\_\_\_\_

CONTACT PERSON \_\_\_\_\_

CELL PHONE \_\_\_\_\_ OFFICE PHONE \_\_\_\_\_

EMAIL \_\_\_\_\_

COURSES     DIPLOMA ☐ DEGREE ☐ TWO YEARS ☐ FOUR YEARS ☐

EXPECTED DATE OF GRADUATION \_\_\_\_\_

## **PART F**

### *Certifications*

#### **APPLICANT'S STATEMENT**

**BY SIGNING BELOW:**

*I confirm that I meet the eligibility requirements for the scholarship.*

*I agree to abide by the Bylaws, Rules and Regulations of the Association that govern the scholarship program.*

*The information provided by me on the Scholarship Application is true and correct to the best of my knowledge and belief.*

*I understand that providing incorrect information might result in rejection of my Scholarship Application.*

*I undertake to keep the Association fully informed of any changes at all times.*

Date: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE

#### **ACSR MEMBER'S STATEMENT**

**BY SIGNING BELOW:**

*I \_\_\_\_\_ member of ACSR do hereby certify that  
the applicant \_\_\_\_\_*

*is my dependant son/daughter, and is claimed by me on my tax returns. I understand that providing incorrect information might result in rejection of the Scholarship Application. I agree to abide by the Bylaws, Rules and Regulations of the Association that govern the scholarship program.*

Date: \_\_\_\_\_

\_\_\_\_\_  
SIGNATURE