



UNIVERSITY of HOUSTON

SCHOLARSHIP APPLICATION

Name of Scholarship Applying for: _____

Semester(s) and Year Applying for: _____

Student Information: **Student ID#** _____

Name _____
Last First Middle

Address _____
Number Street Apt. No.

City County State Zip code

Phone Numbers _____
Home Cell

Email _____

First Semester at UH: _____ Current Classification: _____

Cumulative GPA: _____ Number of hours currently enrolled in this semester: _____

Date

Signature of Applicant