Victoria Chapter – API Scholarship Application ☐Spring ☐Fall 20__

1.	Name:		SSN:
2.	Mailing Address :		
3.	City:	State:	Zip: -
4.	Date of Birth:	Birthplace (City / State):	
5.	Telephone Number:	Marital Status: ☐Married ☐ Single	
6.	Please indicate the source(s) of financial support for your college expenses and the percentage you will receive from each: a. Parents _____ b. Other Relative _____ c. Personal Savings _____ d. Wages _____ e. Scholarship _____ f. Student Loan _____ g. Other Source _____(Please Explain)		
7.	a. Father's Name	b. Mother's Name	
	Last First MI Telephone Number	Last First MI Telephone Number	
	Birthplace (City / State):	Birthplace (City / State):	
	If Living, Present Address:	If Living, Present Address:	
	City State Zip	City State Zip	
	Occupation:	Occupation:	
	Employer:	Employer:	
8.	Present Classification: ☐ Freshman ☐ Sophomore ☐ Junior ☐ Senior ☐ High School ☐ College		
	Schools Attended: High School: City: State Graduate Attendance Period		
	☐ Y ☐ N To		
	☐ Y ☐ N To		
	☐ Y ☐ N To		
	College or University:		
	☐ Y ☐ N To		
	☐ Y ☐ N To		
	☐ Y ☐ N To		
	Employment Record (List most recent first) Employer: Phone # Type of Work Salary Period		
	To		
	To		
	To		
9.	College or University which you plan to attend: Degree Plan:		
10.	What are your career goals:		
11.	List below any recognition for excellence in scholastic work:		
12.	List below any extra curricular activities in which you participate:		
13.	Please tell us why you want this scholarship and what receiving it would mean to you:		

Signature _____ Date _____

Return this application to :

API Scholarship Chairman
P. O. Box 5275
Victoria, TX 77903-5275

Be sure to include copies of your previous semester transcript, current semester schedule, and a letter of recommendation. Do not submit these documents separately.