



ALICE CHAPTER

www.aliceapi.com

THE AMERICAN PETROLEUM INSTITUTE

ALICE Chapter

P O Box 9235 – Corpus Christi, TX 78469

Ph: (361) 510-4512 Fax: (361) 883-7575

SCHOLARSHIP CONSIDERATION FORM

Form B – College Applicants

Please type or print

TODAYS DATE: _____

NAME _____ SOCIAL SECURITY # _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (Hm) _____ (cell) _____

E-MAIL _____

DATE OF BIRTH _____ PLACE OF BIRTH _____

Parent/Guardian Names: _____

Address: _____

Phone # _____ (Cell) _____

E-mail _____

Have you applied for this scholarship in the past? _____ Year? _____

Did you receive the scholarship? _____ For what academic year? _____

Name of College/City _____

College Major _____

FALL GPA _____ # of Hours _____ SPRING GPA _____ # of Hours _____

Outside activities (student organizations, community, church, scouts, etc): (Write on back or attach additional sheets, if necessary)

List any jobs you have held (full / part-time): (Write on back or attach additional sheets, if necessary)

Did you contribute to your college expenses last year? _____ If yes, how much? _____

Names & Ages of brothers/sisters _____

Father's Employer & Title _____

Mother's Employer & Title _____

Which parent/guardian is a current member in Alice Chapter of The American Petroleum Institute?

Approximate yearly income of your family. List any financial difficulties (medical expenses, lay-offs, etc)
Less than \$30,000 \$30,000-\$50,000 Above \$50,000

IMPORTANT:

*Parent or Guardian must be employed in an oilfield related industry **AND** a current member of the Alice Chapter of API.
Dues must be paid by prior to submitting application.

*Any scholarship awarded by The American Petroleum Institute is contingent upon the recipient being officially registered at an accredited university (minimum of 12 hours per semester) and upholding a 2.50 GPA.

*All of the above information is required in order for you to be considered for this scholarship. Incomplete forms will not be considered.

Signature of Applicant

Date

Print Name

IMPORTANT: This form must be returned to the above address by **June 15th**.

** Please notify us at: api.events@yahoo.com of any change in address, e-mail, or phone numbers. **

If this is your first time to apply for the scholarship,

**** You MUST include an official transcript from your college ****

If you have received the scholarship last year, and you have not skipped any semesters

– you do NOT have to complete another application.