

SER Corporation
SCHOLARSHIP APPLICATION

Type or print all
information except signature.

APPLICATION FOR: Academic Year (fall and spring) 2016-2017

1. _____ 2. Social Security No. _____
Last Name First MI

3. Address _____
Street City
_____ () _____
State Zip Phone No.

4. Birth Date _____ 5. Male Female

6. Hispanic American Background: At least one parent must be of Hispanic parentage. Indicate the ethnic origin of your father and/or mother who are of Hispanic parentage.

Mexican American Caribbean (Hispanic) Puerto Rican
 Central American Cuban South American

7. Permanent Resident U.S. Citizen

8. Check present student classification:

High School Senior College Freshman Sophomore Junior Senior

FOR APPLICANTS WITHOUT COLLEGE CREDITS

a. High School(s) Attended _____

Address: Street _____ City _____
State _____ Zip _____ Class Rank: _____

High School grade point average: _____

College(s) applying to: _____

City/State: _____

Area of concentration: _____

Have an official high school transcript sent to the scholarship committee

FOR APPLICANTS WITH COLLEGE CREDITS

b. College Attending: _____

Address: _____
Street City
State Zip Major: _____

College grade point average: _____

Enclose college transcript.

9. A. How many college credit hours will you enroll in for next semester? _____
B. How many college credit hours did you earn last semester? _____
C. Total college credit hours earned to date: _____

10. Have you received this scholarship previously? _____ Year? _____

a. What other college scholarships have you received or are now receiving? _____

11. Personal statement:

Please enclose with this application a one to two page typed personal statement in which you must address the following:

- 1) Hispanic parentage and family background; 2) financial need for this scholarship; 3) current higher education status;
4) Educational and career goals, and; 5) how you plan to help the community in helping others like yourself in the future;

6) Please enclose a photo suitable for a press release. In addition, comments on your achievements and any other information relevant to this application would be welcomed. This statement is one of the two most important selection criteria and is the equivalent of an interview. Accordingly, it should be addressed solely to the Scholarship Committee.

12. Parent's Name: _____ Phone: _____

13. Parent's Address: _____
Street City State Zip

14. Your parents' marital status _____

15. Mother's Occupation: _____
Place of Employment: _____

16. Father's Occupation: _____
Place of Employment: _____

Number of your parents' children (include yourself) _____

Number of the above children in college (include yourself) _____

17. RANGE OF FAMILY INCOME

- \$10,000.00 - \$25,000.00
 \$25,000.00 - \$35,000.00
 \$35,000.00 - \$50,000.00
 \$50,000.00 or more

Are there any unusual circumstances that should be considered? _____

18. Information about you:

(Answer only if married or have dependent children):

Your marital status _____

Number of dependent children _____

Number of above dependent children in college _____

Your spouse's occupation _____ total annual income _____

19. **Please enclose a photo suitable for a press release. Indicate names, addresses, phone and fax numbers of hometown / college newspapers.**

20. Furnish a letter of recommendation to the Committee from a school counselor, teacher, or other individual who has firsthand knowledge of your school or community involvement, leadership, academic achievement, honors or other information relevant to the selection process.

Return this application, transcript(s) or grades, and letter of recommendation to:

****POSTMARK DEADLINE: FEBRUARY 28TH ****

SER Scholarship Committee
c/o Kansas SER Corporation
1020 N. Main Suite D
Wichita, KS 67203

I hereby certify that all statements contained on this application are true and give the SER Scholarship Committee the right to contact those schools, companies, or individuals named on the application for verification. I hereby release said persons from any liability for damages resulting from information furnished due to such inquiry. I understand that false information provided on this application may be grounds for rejection of this application. I also understand that failure to complete this application in its entirety will disqualify me from consideration.

Applicant's Signature

Date