



Border Chapter

THE AMERICAN PETROLEUM INSTITUTE
LAREDO BORDER CHAPTER
P.O. BOX 2644 - LAREDO, TX 78044
2019 SCHOLARSHIP
CONSIDERATION FORM
FORM A - HIGH SCHOOL APPLICANTS

Please type or print

TODAYS DATE: \_\_\_\_\_

NAME \_\_\_\_\_ STUDENT ID OR SOCIAL SECURITY # \_\_\_\_\_

HOME ADDRESS \_\_\_\_\_

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

PHONE (HM.) \_\_\_\_\_ (CELL) \_\_\_\_\_

E-MAIL \_\_\_\_\_

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

PARENT/GUARDIAN NAMES: \_\_\_\_\_

ADDRESS: \_\_\_\_\_

PHONE (HM.) \_\_\_\_\_ (CELL) \_\_\_\_\_

E-MAIL \_\_\_\_\_

HIGH SCHOOL \_\_\_\_\_ NAME OF COUNSELOR \_\_\_\_\_

CLASS RANKING: \_\_\_\_\_ NUMBER GRADUATING IN CLASS: \_\_\_\_\_ GPA.: \_\_\_\_\_

SAT SCORE: \_\_\_\_\_ ACT SCORE: \_\_\_\_\_ VERBAL: \_\_\_\_\_ MATH: \_\_\_\_\_

COLLEGE PREFERENCE(S): \_\_\_\_\_ MAJOR(S): \_\_\_\_\_

1. \_\_\_\_\_ 1. \_\_\_\_\_

2. \_\_\_\_\_ 2. \_\_\_\_\_

Outside activities (student organizations, community, church, scouts, etc): (Use 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)

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DO YOU PLAN TO CONTRIBUTE TO YOUR COLLEGE EXPENSES? \_\_\_\_\_ IF YES, HOW MUCH? \_\_\_\_\_

NAME & AGES OF SIBLING(S) \_\_\_\_\_

FATHER'S EMPLOYER & TITLE: \_\_\_\_\_

MOTHER'S EMPLOYER & TITLE: \_\_\_\_\_

WHICH PARENT/GUARDIAN IS A CURRENT MEMBER IN LAREDO BORDER CHAPTER API?

\_\_\_\_\_

APPROXIMATE YEARLY INCOME OF YOUR FAMILY. LIST ANY FINANCIAL DIFFICULTIES (MEDICAL EXPENSES, LAY-OFFS, ETC.)

LESS THEN \$30,000.00

\$30,000.00-\$50,000.00

ABOVE \$50,000.00

WHAT ARE YOUR GOALS IN COLLEGE AND YOUR EVENTUAL CAREER PLANS? (USE BACK OR ATTACH ADDITIONAL SHEETS, IF NECESSARY).

\_\_\_\_\_

\*ANY SCHOLARSHIP AWARDED BY THE AMERICAN PETROLEUM INSTITUTE IS CONTIGENT UPON THE RECIPIENT BEING OFFICIALLY REGISTRED 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.

**SUMMITTING APPLICATION.**

\_\_\_\_\_  
Signature of Applicant

\_\_\_\_\_  
Date

\_\_\_\_\_  
Print Name

**IMPORTANT: THIS FORM MUST BE RETURNED TO THE ABOVE ADDRESS BY JUNE 20, 2019.**

**\*\*IT IS YOUR RESPONSIBILITY TO NOTIFY US OF ANY CHANGES IN ADDRESS, E-MAIL, OR PHONE NUMBERS. THIS WILL AVOID DELAYS IN ISSUING SCHOLARSHIP CHECK:**

**IN ORDER TO BE CONSIDERED FOR THE SCHOLARSHIP YOU MUST SUBMIT AN OFFICIAL SEALED TRANSCRIPT WITH YOUR APPLICATION**

**STUDENTS MUST MEET ALL OF THE REQUIREMENTS TO BE ELIGIBLE FOR THE SCHOLARSHIP**