

Scholars Without Borders Application for Educational Award



LAST NAME _____ FIRST NAME _____ MIDDLE _____

MAILING ADDRESS _____ APT # _____ CITY _____ STATE _____

PHONE NUMBER _____ HSU EMAIL _____

WHAT YEAR DID YOU ENTER HSU? _____ MAJOR _____ GPA _____

WHAT YEAR DO YOU PLAN TO GRADUATE? _____

HOW DID YOU HEAR ABOUT THIS AWARD? SWB WEBTAB or OTHER: _____

ARE YOU WORKING IN OTHER HSU DEPARTMENTS? _____ IF YES, WHERE? _____

Have you been awarded Federal Work Study Funds? Yes No

Are you an Undocumented/DACAmented/AB540 student? Yes No

REFERENCES: Please provide names and phone numbers of two people who can speak about your financial hardships, academic involvement, and/or how you will benefit from this award.

1. _____ PHONE _____

2. _____ PHONE _____

PERSONAL ESSAY: Please include a personal essay that **fully** answers the following:

- Half-page descriptive response of **how** this award will further your education and help you overcome obstacles you face, and how your immigration status contribute to your need for this award? If the latter applies, are you able to provide documentation, e.g. copy of receipts, letters, etc;
- Half-page response of your career objectives.

All information given in this application is true and current. I give SWB the right to investigate all references and to secure additional information about me, if necessary.

SIGNATURE OF APPLICANT: _____ DATE: _____

FOR OFFICE USE ONLY:

DATE RECEIVED: _____ DATE OF REVISION: _____

