



A&M-Texarkana Ambassadors Scholarship Program Application

DEADLINE: August 7, 2015

Fall 2015- Spring 2016

NAME: _____
Last First M.I.

ADDRESS: _____
(Street/Rt. & Box) (City, State, Zip)

LEGAL STATE OF RESIDENCE: _____

PHONE: (____) _____ DATE OF BIRTH: ____/____/____

VALID EMAIL ADDRESS: _____@_____ MAJOR AT A&M-TEXARKANA: _____

CLASSIFICATION AS OF Fall 2015: Freshman Sophomore Junior Senior

HAVE YOU EVER ATTENDED A&M-TEXARKANA (including current semester enrolled)? Yes** No
***If yes, last semester enrolled _____*

HOW MANY **HOURS** DO YOU PLAN TO TAKE AT A&M-TEXARKANA?

Fall 2015 _____ Undergraduate
Spring 2016 _____ Undergraduate

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND THAT SUBMISSION OF FALSE OR MISLEADING INFORMATION ON THIS APPLICATION MAY DISQUALIFY ME FROM RECEIPT OF ANY SCHOLARSHIP AWARD/S AND REQUIRE ME TO REPAY ANY FUNDS THAT ARE AWARDED ME BASED ON FALSE INFORMATION. I ALSO UNDERSTAND THAT, IF I AM AWARDED ANOTHER SCHOLARSHIP AT A&M-TEXARKANA OR RECEIVE OTHER TYPES OF FINANCIAL AID, I MAY BE REQUIRED TO REDUCE OR FORFEIT ALL FUNDS I AM AWARDED FROM THIS SCHOLARSHIP.

“State Law requires that you be informed of the following: (1) you are entitled to request to be informed about the information about yourself collected by use of this form (with a few exceptions as provided by law); (2) you are entitled to receive and review that information; and (3) you are entitled to have the information corrected at no charge to you”.

Student’s Signature: _____ Date: _____

PLEASE RETURN YOUR APPLICATION, STUDENT RESUME & LETTER OF RECOMMENDATION BY: August 7, 2015 to Summer Nelson in the Office of University Advancement (UC 423)