SER Corporation
SCHOLARSHIP APPLICATION

APPLICATION FOR: Academic Year (fall and spring) 2019-2020

1. Last Name  First  MI

2. Social Security No.

3. Address
   Street
   City
   State
   Zip
   Phone No.

4. E-mail Address:

5. Birth Date
   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 

_________________________________________________________________________
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

Rev. 06/16