



SCHOLARSHIP REAPPLICATION FORM
Deadline: June 1

Student Name _____ Social Security # _____

Student College Address _____
(Street or P.O. Box) (City) (State) (Zip)

Student Permanent Address _____
(Street or P.O. Box) (City) (State) (Zip)

Student Phone # _____ Alternative Phone # _____

Student Email Address _____

Student Employer _____ Occupation _____

Employer Address _____ Employer Phone # _____
(Street or P.O. Box) (City) (State) (Zip)

Institution Attending _____

Expected Graduation Date _____ Major _____

Cumulative # of Hours Completed _____ Cumulative Grade Point Average _____

Marital Status _____ Never Married _____ Married _____ Separated _____ Divorced _____ Widow(er)

Spouse Name _____ Social Security # _____

Spouse Employer _____ Annual Salary _____

Names and Ages of Dependent Children _____

Father's Name _____ Phone # _____

Father's Address _____ Email _____
(Street or P.O. Box) (City) (State) (Zip)

Father's Employer _____ Phone # _____

Mother's Name _____ Phone # _____

Mother's Address _____ Email _____
(Street or P.O. Box) (City) (State) (Zip)

Mother's Employer _____ Phone # _____

In addition to this application, please provide a copy of your grade report from the previous semester, your class schedule for the upcoming semester and the statement of financial need on the back of this application.

Statement of Financial Need

Since the element of financial need can be one of the determining factors used by the scholarship committee in selecting the recipients, it is important that complete and accurate information be supplied in the space below concerning your financial need for assistance in attending college. You are again reminded that all information furnished to the committee, financial and otherwise, is kept in the strictest confidence.

1. Please indicate your parents' combined income range if you can be claimed as their dependent on their most recent income tax return. If married or not a dependent of your parents, please indicate your family's combined income range.

_____ \$0 - \$25,000 _____ \$41,000 - \$55,000 _____ \$71,000 - \$100,000
_____ \$25,000 - \$40,000 _____ \$56,000 - \$70,000 _____ over \$100,000

2. Please list any other scholarships or grants that you will receive and the amount of each.

Are any of these renewable? _____

3. Other than your savings and your family's contributions, what other sources of college funds are available to you? (i.e. student loans, Texas Tomorrow Fund, federal Pell grants, trusts, insurance benefits, etc.)

Amount stated in dollars \$ _____

4. Have you applied for federal financial aid by filing the Free Application for Federal Student Aid (FAFSA)?

_____ yes _____ no

Please explain below how assistance from OPI will assist you in achieving your educational goals. Please use only the space provided.

