



## HISPANIC AMERICAN FOUNDATION SCHOLARSHIP

*Financial Aid*

**Deadline June 15**

### Eligibility Criteria:

1. Student must be Hispanic.
2. Must have a minimum GPA of 2.5

Name: \_\_\_\_\_ ID #: Z \_\_\_\_\_

Permanent address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip code: \_\_\_\_\_

Phone: \_\_\_\_\_ Campus address: \_\_\_\_\_

E-Mail: \_\_\_\_\_

Date of birth: \_\_\_\_\_ Sex: \_\_\_\_\_ Marital status: \_\_\_\_\_

Year in college: \_\_\_\_\_ Are you a full time student? ☐ Yes ☐ No

Major(s): \_\_\_\_\_ Minor(s): \_\_\_\_\_

Anticipated vocation: \_\_\_\_\_

Are you a U.S. Citizen or Permanent Resident? ☐ Yes ☐ No

Are you an international student on an F-1 visa? ☐ Yes ☐ No

How are you financing your education at ORU? List all financial aid (scholarships, loans, grants, etc.) you expect for the current academic year.

\_\_\_\_\_

List any honors you have received or extracurricular activities you have been involved in which reflect your character, academic ability, and your leadership ability.

\_\_\_\_\_

\_\_\_\_\_

I give ORU permission to release my name, address, and basic demographic information to the Hispanic American Foundation if I am selected for the scholarship. I also understand and agree to attend at least one Hispanic American Foundation function during the year in order to be recognized as the scholarship winner.

By signing below, I acknowledge that all the information provided above is true to the best of my knowledge.

\_\_\_\_\_  
*Student's signature*

\_\_\_\_\_  
*Date*