



Business Enriched Network

Commitment . Loyalty . Success

Scholarship Application 2010

Please return application to Gene Perez at GenePerez@GMSLoans.net or to any Business Enriched Network Member Before May 31st

Applicant Name: Female Male

E-mail: Birth Date: SS Number:

Residency: U.S. Citizen Permanent Legal Resident Temporary Resident (F1 Visa Student) Other

High School Students

High School:

G.P.A.: Graduation Date:

College/University:
Enter the College or University you plan on attending in the Fall of 2009

Proposed Major:

List your biggest Challenges

Permanent Address

Address:

City: State: Zip:

Current Address

Address:

City: State: Zip:

Home Phone: Cell Phone:

Guardian Income

Mother Income:

Father Income:

Race & Ethnicity (Choose all that apply)

Hispanic, please specify:

Asian/Pacific Islander Native American

African American White/Non-Hispanic

Other:

Extracurricular Involvement (if any)

Student Activities/Organizations:

Leadership Positions and Year:

Parental Education (Optional)

| | Mother | Father |
|-------------------------|--------------------------|--------------------------|
| No Formal Education | <input type="checkbox"/> | <input type="checkbox"/> |
| Less than 8th Grade | <input type="checkbox"/> | <input type="checkbox"/> |
| Some High School | <input type="checkbox"/> | <input type="checkbox"/> |
| High School Diploma/GED | <input type="checkbox"/> | <input type="checkbox"/> |
| Some College | <input type="checkbox"/> | <input type="checkbox"/> |
| Associates Degree | <input type="checkbox"/> | <input type="checkbox"/> |
| Bachelors Degree | <input type="checkbox"/> | <input type="checkbox"/> |
| Masters Degree | <input type="checkbox"/> | <input type="checkbox"/> |
| Doctorate/Professional | <input type="checkbox"/> | <input type="checkbox"/> |

Are you currently employed?

No Yes, hours per week:

Have you been a Viva Technology College Captain?

No Yes, when:

Have you attended a HENAAC Conference?

No Yes, when:

Are you or will you be, the first person in your family to attend College?

No Yes

How did you obtain this Application?

Faculty or MEP Contact

Name:

Title: Address:

E-mail: City:

Phone: State: Zip:

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