

HTPA SCHOLARSHIP APPLICATION

1. **APPLICANT:**

Name: _____
Last First Middle

2. **SPONSOR INFORMATION:**

Sponsor Name: _____

Sponsor Signature: _____

Sponsor Phone Number(s): Home: _____ Cell: _____

Email Address: _____

The undersigned attests to the accuracy of the information provided on this application and understands the HTPA qualification criteria. Applicant specifically authorizes the HTPA Scholarship Committee to substantiate any of the data provided herein. False statements shall be cause for immediate disqualification and cancellation of the scholarship at any time.

Applicant Signature: _____ **Date:** _____

NOTE:

Scholarship consideration requires not only completion of this application, but also requires the **most recent High School or College Transcripts (forwarded by U.S. Mail)** and **submission of a personally prepared essay (500 words max)**. **Copies of transcripts are NOT acceptable. Only original certified transcripts will be accepted.**

Refer to www.htpa.net/scholarships.html for the Essay topic.

3. **AREA OF STUDY/COLLEGE INFORMATION:**

Full-Time _____ Part-Time _____

Major / Degree Objective: _____

College / University: _____

Address: _____
(Awards will be sent to the address above)

Dept: _____

City / State: _____

HTPA SCHOLARSHIP APPLICATION

4. COMMUNITY INVOLVEMENT, EXTRACURRICULAR ACTIVITIES, AWARDS:

5. EMPLOYMENT BACKGROUND:

Company	Begin Date	End Date	Position/Type of Work & Responsibility

HTPA SCHOLARSHIP APPLICATION

6. APPLICANT PERSONAL INFORMATION

Name: _____ SSN: _____
 Last First Middle

Home Address: _____

City/ State/ Zip Code: _____

Phone Number(s): Home: _____ Cell: _____

Email Address: _____

***** HTPA USE ONLY – DO NOT WRITE BELOW THIS LINE *****

20__ __ - __ __

SPONSOR IN GOOD STANDING __ Yes __ No

TRANSCRIPT CERTIFIED __ Yes __ No