



HOUSTON

SCHOLARSHIP PROGRAM
Initial Request for Scholarship

Please complete this form if you have completed the Project GRAD scholarship requirements and are attending an institution of higher education within a year of graduating from high school.

First Name: _____ Last Name: _____

Date of Birth: _____ Social Security No.: _____

Cell Phone No: _____ Main email: _____

Gender: _____ Ethnicity: _____

Are you the first in your family to attend college? ___ Yes ___ No

Main Address

Street: _____

City/State/Zip: _____

Phone number: _____

Parent / Guardian Information

Mother / Guardian Name: _____ Mother / Guardian Phone Name: _____

Father / Guardian Name: _____ Father / Guardian Phone Name: _____

Alternate Contact Name: _____ Alternate Contact Phone Name: _____

School Information

High School: _____ High School Graduation Year: _____ High School Student ID: _____

College Information

College/University Planning to Attend: _____

First Semester to Enroll: _____

College/University ID: _____ College Email: _____

Expected Major: _____ Expected Degree: AA/AAS/AS/BA/BS/BBA/Other

Submit this form, acceptance letter and your official transcript to:

Project GRAD Houston Scholarship Program

11000 West Loop West, Suite 1000

Houston, Texas 77098

If you have questions, please call the Project GRAD Houston Scholarship Department at 832.325.0344.