



H O U S T O N

SCHOLARSHIP PROGRAM Renewal Request for Scholarship

Please complete this form if you returning to an institution of higher education during your second, third, fourth, or fifth year after graduating from high school.

Name: _____ PGID No.: _____

Date of Birth: _____ Social Security No.: _____

Cell Phone No: _____ Main email: _____

Gender: _____ Ethnicity: _____

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: _____

Is this a different College than last semester: Yes No

Semester you plan to enroll: _____ If transferring, Semester Transfer is effective: _____

College/University ID: _____ College Email: _____

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

Submit this form, acceptance letter (if transferring) and transcript of all hours to:

Project GRAD Houston Scholarship Program

3000 Richmond, Suite 400

Houston, Texas 77098

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