

EDPA LAS VEGAS CHAPTER - LAS VEGAS SCHOLARSHIP APPLICATION

<b>Name of Applicant:</b>	
<b>Address:</b>	
<b>City, State, Zip:</b>	
<b>Phone Number(s):</b>	
<b>Email:</b>	
<b>Date of Birth:</b>	
<b>Sex:</b>	Male _____ Female _____
<b>High School Attended:</b>	
<b>Address:</b>	
<b>Phone:</b>	
<b>GPA:</b> (Enclose School Transcript)	
<b>College Attending:</b>	
<b>Address:</b>	
<b>City, State, Zip:</b>	
<b>Student ID Number:</b>	
<b>Planned program of study:</b>	
<b>Are you a full-time or part-time student?</b>	
<b>How many hours per Semester/Quarter are you taking?</b>	
<b>Graduation Year:</b>	
<b>Will you be working while attending school?</b>	Yes _____ (complete employer information on pg 2) No _____
<b>If yes, how many hours will you work?</b>	

