

**APPLICATION FORM
RICE CLASSROOM TEACHERS' SCHOLARSHIP**

NAME: _____ **PHONE NUMBER:** _____

MAILING ADDRESS: _____ **AGE:** _____

PARENT'S NAME: _____ **DATE OF BIRTH:** _____

DO YOU OWN A CAR OF YOUR OWN? YES _____ **NO** _____

**WHAT PERCENTAGE OF YOUR COLLEGE EDUCATION MUST YOU PAY YOURSELF?
CIRCLE ONE.**

100% 75% 50% 25% 0%

NUMBER OF BROTHERS AND SISTERS: _____ **LIST THEIR AGES:** _____

COLLEGE ENTRANCE TEST SCORE: ACT: _____ **SAT:** _____

COLLEGE MAJOR: _____ **APPROX. HIGH SCHOOL AVE.** _____

LIST HONORS RECEIVED WHILE ATTENDING HIGH SCHOOL: _____

LIST ACTIVITIES PARTICIPATED IN WHILE ATTENDING HIGH SCHOOL:

**WRITE A BRIEF STATEMENT TELLING WHY YOU FEEL YOU COULD BENEFIT FROM
A COLLEGE EDUCATION. USE THE BACK IF NECESSARY.**

**IN SIGNING THIS APPLICATION, THE APPLICANT VERIFIES THAT THE ABOVE
INFORMATION IS TRUE TO THE BEST OF HIS/HER KNOWLEDGE.**

DATE: _____ **SIGNATURE:** _____