

STUDENT SCHOLARSHIP APPLICATION FORM

110 Gallery Circle, San Antonio, Texas 78258

Tel. (210)366-1611 – Fax (210)377-2975



INSTRUCTIONS

Please print clearly the following information. Turn in completed application, with all applicable signatures, to Admissions Office.

1. If this form is incomplete, inaccurate, or not signed, it will not be considered.
2. Please submit a new application each semester or as required by scholarship criteria.
3. Must attach a written statement describing educational goals and other relevant information.

(See specific scholarship criteria).

Please select which Scholarship you are applying for:

☐ Institutional			
☐ Sibling	UAG Student Name		UAG ID #
☐ Alumni Legacy	UAG Alumni Name		UAG ID #

Personal Information

Applicant Name:			
Address:			
City:	State:	Zip:	
Home Phone:	Mobile Phone:	Email:	
DOB:	SSN#:	App ID:	

Academic Information

Semester for which application is being made:	Spring ☐	Fall ☐	Year:
College:	Credit Hours Earned:		
Major:	GPA:	MCAT Score:	

Authorization Information

I release to the Universidad Autonoma de Guadalajara (UAG) the right to access all my current and ongoing personal and academic records and transcripts. If awarded a scholarship, I understand that I must meet the scholarship criteria and Standards of Academic Progress for the UAG Scholarship Award.

I understand my name and information from my academic history may be released to the scholarship selection committee(s) and the scholarship donor(s). If awarded a scholarship, I release to the UAG, the right to arrange a meeting with the donor(s) and use my name, story, and picture for printed and video materials, reports, and press releases, without compensation, as well as I will attend ceremonies and receptions. I also recognize the advisability of communicating a letter of thanks to the donor of the scholarship.

I certify that the statements herein are true to the best of my knowledge and grant my permission for the information contained herein to be shared with the scholarship selection committee(s) and scholarship donor(s).

Student Signature: Date:

UAG Admissions Office Use Only

UAG Register Signature:	Date:	GPA:	MCAT:
Scholarship Fund Recommended:	App ID #:		

UAG Scholarship Committee Use Only

Executive Director Signature:	
Scholarship Awarded:	Date: