

Application for Assistance

**Deadline: April 1 Fall Semester
Oct 1 Spring Semester**

Name: _____

Address: _____

City, State, ZIP: _____

County: _____

High School: _____ District: _____

E-mail: _____ Do you Text? Yes or No (Circle)

Cell Phone: _____ Home Phone: _____

Parents' Names: _____

Alternate Contact: Name: _____

Relationship: _____ Phone: _____

Jr. College /College Preference: _____

Anticipated Field of Study: _____

Work Experience: _____

Honors/Awards: _____

Extracurricular Activities: _____

GPA: _____ (Attach most recent transcript and required letters).

Signatures:

Signature of Applicant: _____ Date: _____

Printed Name: _____

FFA, 4H or County Agent, College Counselor, Art Instructor: _____

Parent/Guardian: _____

Please return to:
Angie Schwartz
Amigas Para Niños
2121 Sage Road, Suite 111
Houston, TX 77056
713/627-0111