



## BOARD OF SUPERVISORS SCHOLARSHIP STUDENT DATA SHEET

**Complete semester(s) and corresponding year(s) applying for:**

Fall-Year:	Spring-Year:	Check One:	Resident	Non-Resident
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### Applicant Information

Name: Last, Middle, First	Student ID#:
Mailing Address: Street, City, State, Zip	
Home Address: Street, City, State, Zip	
Phone Number:	Email Address:
Date of Birth:	Sex:
Cell Number:	High School (Name, City & State):
SU Campus Attending/Applying To:	Classification:

### Education / Employment

Major/Program:	Anticipated Graduation Date:
Grade Point Average:	ACT/SAT
Employment Status:	Position Held:
Marital Status:	Spouse's Name:

## Relation

*Please indicate if you are related to any of the following:*

US Senate:	YES	NO	If yes, name:
US Representative:	YES	NO	If yes, name:
L.A. Legislator:	YES	NO	If yes, name:
State Wide Elected Official:	YES	NO	If yes, name:

Please indicate if you are an immediate family member of the SUBOS Member that recommended you for this scholarship :	YES	NO
If yes, what is the relation?		

## Family Information

Father or Guardian Name \_\_\_\_\_ Occupation: \_\_\_\_\_

Mother or Guardian Name \_\_\_\_\_ Occupation: \_\_\_\_\_

## Disclaimer and Signature

I hereby authorize the release of any appropriate information regarding my academic qualifications, scholarship amounts, and financial need status required for the processing of this scholarship application.

I further attest that all of the information in this application and all attachments are true and correct to the best of my knowledge.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## For Office Use Only

Date Data Sheet Received: \_\_\_\_\_ Board Member Recommending: \_\_\_\_\_