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Impact • PO Box 1643 • College Station, TX • 77841-1643

# SCHOLARSHIP REQUEST FORM

FRESHMAN NAME: \_\_\_\_\_

UIN: \_\_\_\_\_

SESSION: \_\_\_\_\_

PLEASE CHECK ONE OF THE FOLLOWING:

- FULL SCHOLARSHIP \_\_\_\_\_
- PARTIAL SCHOLARSHIP \_\_\_\_\_ HOW MUCH: \$ \_\_\_\_\_

IF YOU WOULD GIVE A DESCRIPTION OF THE CIRCUMSTANCES RELEVANT TO MAKING THIS REQUEST:

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**\*\*\*NOTE:** Thank you for providing us with some personal information. Know that it will only be used for your own benefit and will in no way be used against you. If a certain circumstance were to arise where your information needs to be disclosed to an outsider (a non-exec/board member), then we will not continue the process without your consent.

SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_