

BARBARA JORDAN MEMORIAL SCHOLARSHIP APPLICATION

2009-10 Application Form

Category: Graduate Undergraduate

Name _____

Address _____

City/State/ZIP _____ Home Phone _____

Major (field of study) _____

Hours Completed _____ Expected Graduation Date _____

College/Universities Attended	Location	Dates Attended	GPA
1) _____			
2) _____			
3) _____			

High School(s) Attended

1) _____

2) _____

Letters of Recommendation (to be mailed separately, directly from authors)

Name	Relationship to Applicant
1) _____	_____
2) _____	_____
3) _____	_____

I hereby acknowledge that the information contained in these application materials is correct to the best of my knowledge and that this application complies fully with the award criteria.

Applicant's Signature

Date

When complete, mail this application form and support materials to: Barbara Jordan Memorial Scholarship, c/o ATPE Foundation, 305 E. Huntland Dr., Ste. 300, Austin, TX 78752-3792, or fax to (512) 467-2203. If you have questions, call the ATPE Foundation at (800) 777-ATPE. *Copy as needed.*