



MIS Graduate Merit Scholarship Application Cover Sheet

Fall 2018 - Spring 2019

Name (*Last, First, M.I.*) _____

UHCL ID _____

Street Address _____

City _____

State _____

Zip Code _____ Country _____

Email Address _____

Present Status: *Check all that apply.*

Undergraduate _____ Graduate _____ Other _____

Full-time _____ Part-time _____ Degree Seeking _____

Citizenship: U.S. Citizen _____ Permanent Resident _____

Residency: Texas Resident _____ Out-of-State _____ International _____

UHCL School: CSE _____ CoE _____ HSH _____ BUS _____

UHCL Academic Major _____

Anticipated start or actual start date at UHCL: Semester _____ Year _____

Anticipated graduation date: Semester _____ Year _____

Anticipated number of credit hours you will enroll in for Fall 2018 semester _____

Anticipated credit hours: Spring 2019 _____

UHCL Scholarship Application Cover Sheet, (Continued)

I am applying for scholarships for: Fall 2018 _____ Spring 2019 _____

Are you related to any member of the board of regents of the college or university or its system's boards?

Current board members can be found at: <http://www.uhsa.uh.edu/board-of-regents/board-members/>

Applicable relationships include one of the following-

1. Regent's-- spouse, spouse's child, spouse's parent, child's spouse, parent's spouse;
2. Regent's-- spouse's brother or sister, spouse's grandparent, spouse's grandchild, brother or sister's spouse, grandparent's spouse, grandchild's spouse;
3. Regent's-- parent, daughter, son;
4. Regent's-- brother, sister, grandparent, grandchild ;or
5. Regents-- great-grandparent, great-grandchild, uncle or aunt (brother or sister of parent) nephew or niece (son or daughter of brother or sister).

Yes, I am related to a member of the UHS Board of Regents

No, I am not related to a member of the UHS Board of Regents

Permission for release of academic records and general information

1. I hereby certify that the information provided here is true and correct to the best of my knowledge. Furthermore, I authorize UH-Clear Lake to release the information contained within this application, including academic, personal, and biographical information, to the awarding committee and agencies/donors providing funds for the award and the university community.
2. I understand that receiving a scholarship award may affect my financial aid status.
3. I understand that the Office of Student Financial Aid must receive all applications and required documentation by the given deadline.
4. I understand that I am not assured a scholarship even though I may meet the criteria and have made every attempt to submit the required documentation

Signature _____

Date _____

"State law requires that you be informed of the following: (1) you are entitled to request to be informed about the information about yourself collected by use of this form (with a few exceptions as provided by law); (2) you are entitled to receive and review that information; and (3) you are entitled to have the information corrected at no charge to you."