



# The Society of Hispanic Professional Engineers – Houston Chapter

P.O. Box 271704, Houston, Texas 77277

Website: [www.shpehouston.org](http://www.shpehouston.org) Email: [scholarship@shpehouston.org](mailto:scholarship@shpehouston.org)

## 2017 Scholarship Application

### Mission

SHPE promotes the development of Hispanics in engineering, science, and other technical professions to achieve educational excellence, economic opportunity and social equity.

### Scholarship Eligibility

- Students must be pursuing an undergraduate degree in STEM (science, technology, engineering, mathematics) at a college or university in Texas in Fall of 2017.
- All sections of Application must be completed in order to qualify.

### Section 1 – Personal Information (For Statistical Purposes Only)

<b>Full Name:</b>	_____		
	<i>Last</i>	<i>First</i>	<i>M.I.</i>
<b>Current Address:</b>	_____		
	<i>Street Address</i>		<i>Apartment/Unit #</i>
<b>Permanent Address:</b>	_____		
	<i>City</i>	<i>State</i>	<i>ZIP Code</i>
	<input type="checkbox"/> <i>Check if same as current address</i>		
<b>Home Phone:</b>	_____		
	<i>Street Address</i>		<i>Apartment/Unit #</i>
	<i>City</i>	<i>State</i>	<i>ZIP Code</i>
<b>E-mail Address:</b>	_____	<b>Alternate Phone:</b>	_____
	_____	<b>Date of Birth:</b>	_____
<b>Ethnicity:</b>	<input type="checkbox"/> African-American <input type="checkbox"/> Caucasian <input type="checkbox"/> Asian/Pacific Islander <input type="checkbox"/> Other _____		
	<b>If Hispanic specify:</b> <input type="checkbox"/> Caribbean <input type="checkbox"/> Puerto Rican <input type="checkbox"/> Central American <input type="checkbox"/> Mexican-American <input type="checkbox"/> Cuban <input type="checkbox"/> South American <input type="checkbox"/> Other _____		
<b>Residency:</b>	<input type="checkbox"/> US Citizen <input type="checkbox"/> Permanent/Legal Resident <input type="checkbox"/> Temporary Resident (F1 Visa Student) <input type="checkbox"/> Other		
<b>Are you a SHPE Member?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			<b>For Office Use</b>
If yes Chapter Affiliation: _____			
Length of Membership: _____ Years    _____ Months			
Held SHPE Board Positions: _____			
<b>Do you plan on joining a SHPE chapter at your college?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No			

Section 2 – Academic Information	For Office Use																																				
1. Currently a senior in High School? <input type="checkbox"/> Yes <input type="checkbox"/> No (If no, go to #5 in section 2)																																					
2. High School: School Name _____ City _____ State _____																																					
3. List universities you have applied for Fall enrollment: Institution's Name _____ City _____ State _____ Institution's Name _____ City _____ State _____ Institution's Name _____ City _____ State _____ Institution's Name _____ City _____ State _____																																					
4. Intended College/University Major of Study: _____																																					
5. High School Graduation Date: _____ Month /Year																																					
6. High School GPA: _____ / _____ Based on a 4.0 Scale <sup>1</sup> Class Rank Class Size																																					
<b>(High School Applicants stop here and go to Section 3)</b>																																					
7. Currently enrolled in: <input type="checkbox"/> Four Year University <input type="checkbox"/> Community College																																					
8 a. Current Standing: <input type="checkbox"/> Freshman <input type="checkbox"/> Sophomore <input type="checkbox"/> Junior <input type="checkbox"/> Senior b. Expected Graduation Date: _____ Month/Year																																					
9. Colleges/Universities Attended: <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="background-color: #cccccc;">Institution's Name</th> <th style="background-color: #cccccc;">City</th> <th style="background-color: #cccccc;">State</th> <th style="background-color: #cccccc;">Dates Attended (MM/YY)</th> </tr> </thead> <tbody> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____ to _____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____ to _____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____ to _____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____ to _____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____ to _____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____ to _____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____ to _____</td></tr> <tr><td>_____</td><td>_____</td><td>_____</td><td>_____ to _____</td></tr> </tbody> </table>	Institution's Name	City	State	Dates Attended (MM/YY)	_____	_____	_____	_____ to _____	_____	_____	_____	_____ to _____	_____	_____	_____	_____ to _____	_____	_____	_____	_____ to _____	_____	_____	_____	_____ to _____	_____	_____	_____	_____ to _____	_____	_____	_____	_____ to _____	_____	_____	_____	_____ to _____	
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10. Current Field of Study: _____ Major																																					
_____ Minor																																					
11. a. Completed Credit Hours: _____ b. Credit Hours Needed to Graduate: _____ c. Intended Enrollment Hours Fall 2017: _____																																					
12. Current GPA <sup>1</sup> : _____ Major GPA No. of hrs in Major Overall GPA Overall No. of Hrs																																					

<sup>1</sup>GPA must be converted to a 4.0 point scale where A=4.0 pts, B=3.0pts, C=2.0pts, D=1pts, and F=0pts

Section 3 – Financial Information	For Office Use										
<b>1. a. Marital Status:</b> <input type="checkbox"/> Single <input type="checkbox"/> Married b. Number of Dependents: _____											
<b>2. Expected 2016 Gross Income:</b> Self                    \$ _____ Parent(s)            \$ _____ Spouse                \$ _____											
<b>3. Plan to work during the school term(s):</b> Yes: <input type="checkbox"/> Full Time <input type="checkbox"/> Part Time <input type="checkbox"/> Work Study <input type="checkbox"/> Other _____ <input type="checkbox"/> No											
<b>4. Applied for 2017 FAFSA (Free Application for Federal Student Aid)?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No											
<b>5. Plan on borrowing a student loan for 2017-2018 school year?</b> <input type="checkbox"/> Yes <input type="checkbox"/> No											
<b>6. Expected Housing for Fall 2017:</b> <input type="checkbox"/> Own Home <input type="checkbox"/> Live with Parents <input type="checkbox"/> On-Campus Housing <input type="checkbox"/> Rent Apartment <input type="checkbox"/> Other _____											
<b>7. a. Considered a Dependent on parents 2016 income taxes:</b> <input type="checkbox"/> Yes <input type="checkbox"/> No (go to #8) b. How many dependents will your parents claim in 2016: _____ c. Number of siblings attending college in 2017-2018 school year?    _____											
<b>8. Specify any parent contributions to your 2017 educational expenses:</b> _____											
<b>9. 2014 through 2017 Internships/Co-Ops (actual and expected)?</b> <table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="background-color: #cccccc;">Internship</th> <th style="background-color: #cccccc;">Co-Op</th> </tr> </thead> <tbody> <tr> <td style="background-color: #cccccc;">2017</td> <td>_____</td> </tr> <tr> <td style="background-color: #cccccc;">2016</td> <td>_____</td> </tr> <tr> <td style="background-color: #cccccc;">2015</td> <td>_____</td> </tr> <tr> <td style="background-color: #cccccc;">2014</td> <td>_____</td> </tr> </tbody> </table>	Internship	Co-Op	2017	_____	2016	_____	2015	_____	2014	_____	
Internship	Co-Op										
2017	_____										
2016	_____										
2015	_____										
2014	_____										

#### Section 4 – Personal Statement

Please attach a brief personal statement addressing one of the following prompts (in 500 words or less):

- a) Describe the world you come from – for example your family, community or school – and tell us how your world has shaped your dreams and aspirations.
- b) Tell us about a personal quality, talent, accomplishment, contribution or experience that is important to you. What about this quality or accomplishment makes you proud and how does it relate to the person you are?

NOTE: *This statement is one of the most important aspects of this application. It should be addressed solely to the SHPE selection committee. Resumes will not be accepted in place of or in addition to personal statements intended for other institutions or selection committees.*

**Section 5 – Organizations/Awards**

**For Office Use**

**1. List any academic, community and/or extracurricular organizations/activities you have been active for in the past 2 years**

Organization/Activity	Duration

**2. List any Awards or Recognitions received in the last past 2 years.**

Awards/Recognitions	Month/Year

Section 6 – Required Attachments (must accompany application)	For Office Use
<input type="checkbox"/> <b>TRANSCRIPT:</b> An unofficial/official transcript from current university/high school.	

Application and all required documents (official/unofficial transcripts) should be submitted via email **NO LATER** than midnight on **April 15, 2017** to the following email address:

[scholarship@shpehouston.org](mailto:scholarship@shpehouston.org)

If transcripts can't be emailed with the application due to problems with scanning of the document, you can submit your transcripts via regular mail postmarked April 15, 2017 to the following address:

SHPE Scholarship Committee  
P.O. Box 271704  
Houston, Texas 77277

**\*NOTE:** Please ensure your mailed documents are clearly labeled to ensure accurate pairing with the emailed application.

I certify that all the information on this form is true, complete and accurate. I understand that this information is subject to verification by the selection committee. I give SHPE permission to share contact information for the purpose of recruitment, public relations and possible employment. I further certify that this award is contingent on my maintaining full-time student status at my school and in good standing.

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