NEW MEXICO STATE UNIVERSITY
DEPARTMENT OF PHYSICS **SCHOLARSHIP APPLICATION FORM**

Application for: **Fall / Spring** **Year** _____

PLEASE PRINT

Student Information:
Last Name: _____ First Name: _____ SSN: _____
Date of Birth (mm/dd/yy): _____ Place of Birth: _____
Male: _____ Female: _____ U.S. Citizen: Yes / No If No, Country _____
Mailing Address: _____ Telephone No.: _____
_____
City/State/Zip _____ State of legal residence _____

FOR INCOMING FRESHMEN ONLY

Name of High School: _____ Graduation Date: _____
Rank in Class: _____ Size of Class: _____ GPA: _____ ACT/SAT: _____

EXTRACURRICULAR ACTIVITIES
List of high school or college activities, honors, and community or university service.

_____ Signature of School Official

_____
_____
_____

WHY DO YOU WANT TO STUDY PHYSICS?

_____
_____
_____

INFORMATION ON PARENTS

Parents Names: _____
Mailing Address: _____ Telephone No.: _____
_____
City/State/Zip _____

Father's Occupation: _____ Mother's Occupation: _____

The above statements are true and correct to the best of my knowledge, and I give consent to release information concerning my academic and/or financial status to scholarship donors.

_____
Signature Date

Scholarship application must be received prior to March 1 to be considered for the upcoming academic year. Please send the application to:

Department of Physics
Box 30001, MSC 3D, NMSU
Las Cruces, NM 88003-88011