



MESA SCHOLARSHIP  
APPLICATION FORM  
FALL 2009

Last Name	First Name	MI	Social Security Number	
Local Address	City	County	State	Zip
Permanent Address	City	County	State	Zip
Phone	Date of Birth	Sex	E Mail Address	G.P.A.

High School you currently attend \_\_\_\_\_

Institution you will be attending \_\_\_\_\_

Ethnicity (Circle One)      Hispanic                      African-American                      American-Indian

   Alaskan Native                      Pacific Islander                      Anglo/Caucasian

   Other (please specify) \_\_\_\_\_

Are you a US Citizen? Yes \_\_\_\_\_ No \_\_\_\_\_.

If not, are you a permanent resident? Yes \_\_\_\_\_ No \_\_\_\_\_ (Please attach a copy of your Residency Card).

Are you a NM Resident? Yes \_\_\_\_\_ No \_\_\_\_\_      Birthplace \_\_\_\_\_  
(City, State, County)

Major \_\_\_\_\_ Expected Graduation Date \_\_\_\_\_

Have you ever received a scholarship from an AMP Program? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what kind, when, and for what amount?

Are you currently receiving other scholarships or research support? Yes \_\_\_\_\_ No \_\_\_\_\_

If yes, please list:

I understand that I will not be allowed to continue in any New Mexico AMP program if my academic progress does not meet enrollment requirements, and semester and cumulative GPA requirements as stated in the program guidelines.

I agree to notify the AMP Administrative Office if I go on co-op, or fail to attend school the semester(s) in which I am applying for assistance.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

*For Official Use Only*

Date Received \_\_\_\_\_