



THE COUNCIL OF  
INDEPENDENT COLLEGES

## UPS SCHOLARSHIP PROGRAM STUDENT SELECTION FORM FY 2019

COLLEGE NAME \_\_\_\_\_ **TEXAS** \_\_\_\_\_  
STATE

STUDENT'S NAME \_\_\_\_\_

STUDENT'S MAJOR \_\_\_\_\_

HIGHER EDUCATION GPA (IF APPLICABLE) \_\_\_\_\_ YEAR IN COLLEGE \_\_\_\_\_

STUDENT IS (PLEASE CHECK ALL THAT APPLY):

FIRST-GENERATION

MINORITY

FINANCIALLY NEEDY

NEW AMERICAN STUDENT

LOW-INCOME

FORM COMPLETED BY \_\_\_\_\_

TITLE \_\_\_\_\_

ADDRESS \_\_\_\_\_ CITY \_\_\_\_\_ ZIP CODE \_\_\_\_\_

EMAIL \_\_\_\_\_ PHONE \_\_\_\_\_