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THE AMERICAN PETROLEUM INSTITUTE

Corpus Christi Chapter

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SCHOLARSHIP CONSIDERATION FORM

Form A – High School Applicants

Please type or print

NAME _____ SOCIAL SECURITY # _____

HOME ADDRESS _____

CITY _____ STATE _____ ZIP _____

PHONE (Hm) _____ (cell) _____

E-MAIL _____

DATE OF BIRTH _____ PLACE OF BIRTH _____

Parent/Guardian Names: _____

Address: _____

Phone # _____ (cell) _____

E-mail _____

High School _____ Name of Counselor _____

Class Standing _____ Number graduating in class _____ Grade Point Avg _____

SAT Score _____ ACT Score _____ Verbal _____ Math _____

College Preference(s):

Major(s):

1. _____

1. _____

2. _____

2. _____

Outside activities (student organizations, community, church, scouts, etc): (Use back or attach additional sheets, if necessary)

List any jobs you have held (full / part-time): (Use back or attach additional sheets, if necessary)

Do you plan to contribute to your college expenses? _____ If yes, how much? _____

