

VAMOS SCHOLARSHIP RENEWAL FORM

Last Name _____ First Name _____ Middle Initial _____

<u>Address while at School</u>	<u>Parent Address</u>
Address _____	Address _____
City _____	City _____
State _____ Zip Code _____	State _____ Zip Code _____
Phone (____) _____	Phone (____) _____

Preferred mailing address: School Address Parent Address

Primary e-mail: _____

* Carefully type or print your complete e-mail address as we will be communicating with you via email.

How was your VAMOS award used to offset your educational costs? (check all that apply)

- Tuition/Fees/Room & Board Books and Supplies Other, please explain below.
 Reduced Federal Work-Study Reduced Student Loans
 Reduced other aid/scholarships/grants

VAMOS Volunteer Hours to date: _____ (you must complete min.40 hrs as per our scholarship agreement)

Academic Information (please submit transcript and class shedule for next semester)

Class Level: Freshman Sophomore Junior Senior GPA: _____

University where you are enrolled (do not abbreviate): _____

Major _____ Expected Graduation Date (mm/yyyy) _____/_____/_____

Briefly describe your academic achievements/challenges and any other experiences during this semester:

Have you contacted your mentor?: YES NO

If yes, by: Email Phone Other Date(s) _____ / _____ / _____

If no, reason: _____

I certify that all information on this form is true and complete to the best of my knowledge. It is my responsibility to contact VAMOS with any changes.

Applicant's Signature: _____ **Date:** _____

Failure to submit this information will delay your scholarship.
Please mail to: P.O Box 6882 McAllen, TX 78502 or fax 956-631-7866
Questions? Call 956-631-1273 or email maritza@vamosscholars.org