



# Angel and Maude Munoz Scholarship Program

TYPE OR PRINT ALL INFORMATION EXCEPT SIGNATURES  
Completeness and neatness ensure your application will be reviewed properly.

## APPLICANT DATA

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_

Permanent Home \_\_\_\_\_

Mailing Address \_\_\_\_\_ Apartment # \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ ZIP Code \_\_\_\_\_

Telephone ( \_\_\_\_\_ ) \_\_\_\_\_ Email Address \_\_\_\_\_

Social Security Number \_\_\_\_\_ Date of Birth: Month \_\_\_\_\_ Day \_\_\_\_\_ Year \_\_\_\_\_

- Please indicate your status.  Male  Female
- American Indian/Alaska Native  Black/African American  Multi-Racial  White
- Asian  Hispanic/Latino  Native Hawaiian/Pacific Islander

## PARENT OR GUARDIAN INFORMATION

Last Name \_\_\_\_\_ First \_\_\_\_\_ Middle Initial \_\_\_\_\_

Address \_\_\_\_\_

Email Address \_\_\_\_\_ Day Telephone ( \_\_\_\_\_ ) \_\_\_\_\_

## POST-SECONDARY SCHOOL DATA

Name of school you plan to attend. **Use official school names. Do not use abbreviations.**

\_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_

- 2 yr. Community or Junior College  Vocational-Technical School  Other, explain \_\_\_\_\_

Year in school next year: 1 2

Term applying for: Start date (mm/yy) \_\_\_\_\_ End date (mm/yy) \_\_\_\_\_ # of credits for term: \_\_\_\_\_

Major or course of study: \_\_\_\_\_ Expected program completion date: Month \_\_\_\_\_ Year \_\_\_\_\_

Degree sought:  Associate  Certificate  Other \_\_\_\_\_

## APPLICATION CHECKLIST

The student is responsible for submitting all materials to Scholarship Management Services on time. Incomplete applications will not be evaluated. This application becomes complete and valid only when all of the following materials have been received:

- Student Application
- Financial aid award letter
- Current billing statement
- Transcript of grades (only if a previous recipient and attending community college)

All materials must be addressed to:

**Angel and Maude Munoz Scholarship Program**  
Scholarship Management Services  
One Scholarship Way  
Saint Peter, MN 56082

## CERTIFICATION

Scholarship Management Services has the sole responsibility for selecting recipients based on criteria as set forth in the program's description. This application becomes the property of Scholarship Management Services. (It is recommended you keep a copy for your files.)

*I certify I meet eligibility requirements of the program as described in the guidelines and the information provided is complete and accurate to the best of my knowledge. Falsification of information may result in termination of any award granted.*

Applicant's Signature \_\_\_\_\_ Date \_\_\_\_\_

Parent's Signature \_\_\_\_\_ Date \_\_\_\_\_