

**HTPA SCHOLARSHIP APPLICATION**

# \_\_\_\_\_

Application Must be typed

**1. APPLICANT:**

Name: \_\_\_\_\_  
Last First Middle

Home Address: \_\_\_\_\_

City/ State/ Zip Code: \_\_\_\_\_

Phone Number(s): Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Name of HTPA-Member Relative** (if applicable): \_\_\_\_\_

Social Security Number: This is Required: \_\_\_\_\_

The undersigned attests to the accuracy of the information provided on this application and understands the HTPA qualification criteria. Applicant specifically authorizes the HTPA Scholarship Committee to substantiate any of the data provided herein. False statements shall be cause for immediate disqualification and cancellation of the scholarship at any time.

**Applicant Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**NOTE TO APPLICANT:**

Scholarship consideration requires 1) timely submission of a completed application, 2) submission of the most recent High School or College Transcripts (forwarded by U.S. Mail) and 3) submission of a personally prepared essay (500 words max). **Copies of transcripts are NOT acceptable. Only original certified transcripts will be accepted.**

Refer to [www.htpa.net/scholarships.html](http://www.htpa.net/scholarships.html) for the Essay topic.

**2. SPONSOR INFORMATION:**

Sponsor Name: \_\_\_\_\_

Sponsor Phone Number(s): Home: \_\_\_\_\_ Cell: \_\_\_\_\_

Email Address: \_\_\_\_\_



