Roswell "Jay" Jennings Bohner Scholarship

For Members of Tau Kappa Epsilon

2008-2009

Scholarship Applicants:

- Must be current and active member of the University of Houston, Central Campus, chapter of Tau Kappa Epsilon

- Certified Sophomore, Junior, or Senior

- Must be enrolled Full Time

- Scholarship award is $500.00

Applications available in Room 23 E. Cullen Building, Scholarship Office. Official University of Houston Transcript must be attached to completed application.

**DEADLINE:** **MAY 16, 2008**
Office of Scholarships & Financial Aid
Roswell "Jay" Jennings Bohner Memorial Scholarship
For Members of Tau Kappa Epsilon

Student Information: ____________________________
(Please Print)

Social Security # ____________________________

Name: __________________________________________
Last ____________________________ First ____________________________ Middle ____________________________

Student’s Address: __________________________________________
Street: ____________________________ City, State: ____________________________ Phone No.: ____________________________

Are you an initiated member of Tau Kappa Epsilon? _____ Yes _____ No*

If No, you are not eligible for the Roswell "Jay" Jennings Bohner Memorial Scholarship

Are you a US Citizen? _____ Yes _____ No Permanent Resident _____ Yes _____ No

Academic History: Transcript Must be Attached. Must be a certified Sophomore, Junior, or Senior

College semester credit hours earned at UH: ____________ UH GPA: ____________

Certified statement: I hereby acknowledge that the above information is true and correct. I agree to release any information concerning my records at the University of Houston to the federal, state, or private agency necessary for the administration of the scholarship program.

Date:__________________________________________Signature of Applicant:

Mail application to: The University of Houston
Office of Scholarships and Financial Aid
Houston, TX 77204-2010
Attention: Treanell Walters Scott

Or

Drop off at: E. Cullen Bldg. Room 23 Monday- Friday 8:00 am to 5:00pm

Note: This scholarship application is only for scholarships offered through the Office of Scholarships and Financial Aid.
AUTHORIZATION TO RELEASE EDUCATIONAL RECORDS
Family Educational Rights and Privacy Act of 1974 as Amended (FERPA)

I, _________________________________, hereby voluntarily authorize officials in the University of Houston department(s) identified below to disclose personally identifiable information from my educational records. (Please check the box or boxes that apply):

☐ Registrar
☐ Financial Aid
☐ Dean of Student’s Office
☐ Residential Life and Housing
☐ University Advancement
☐ University Studies Division
☐ Other (Please Specify) ________________

Specifically, I authorize disclosure of the following information or category of information (Please check the box or boxes that apply):

☐ Grades/Transcripts
☐ Financial Aid
☐ Disciplinary
☐ Housing
☐ Scholarship and/or Honors
☐ Photos
☐ Academic Records
☐ All University Records
☐ Other (Please Specify) ________________

This information may be released to ________________________________ for the purpose of informing:

☐ Family
☐ Educational Institution
☐ Employer/Prospective Employer
☐ Public or Media of Scholarship, Honor or Award
☐ Other (Please Specify) __________________

I understand the information may be released orally or in the form of copies of written records, as preferred by the requester. This authorization will remain in effect from the date it is executed until revoked by me, in writing, and delivered to Department(s) identified above.

Student Name (Please Print) ____________________________________________

Student I.D Number ________________

Student Signature ____________________________

Date ________________

Office of the General Counsel
OGC-S-2005-2 – Approved as a standard form by the Office of the General Counsel
Approval 10.13.2005

Page 1 of 1