

AMERICAN PETROLEUM INSTITUTE

MUST BE RECEIVED BY

April 18, 2017

SCHOLARSHIP APPLICATION

P.O. BOX 902 * WOODWARD, OKLAHOMA 73802

Student's Full Name: Ms. _____ Mr. _____ Social Security Number _____

Student's Address: _____ Telephone: (____) _____
Street City State Zip Code

Email Address: _____ Date of Birth _____ / _____ / _____
Month Day Year

Schools Attended (Ninth through Twelfth Grades):

Name of School City State Period Attended

Name of School City State Period Attended

Date Will Graduate: _____ GPA: _____ ACT: _____ Number in Class: _____ Rank in Class: _____

Father/Step-Father: _____ Age: _____ Occupation: _____
(Name)

Mother/Step-Mother: _____ Age: _____ Occupation: _____
(Name)

Parent's Marital Status – Father: Married Widowed Divorced Remarried
Mother: Married Widowed Divorced Remarried

Father/Step-Father Employed By: _____ Location: _____

Mother/Step-Mother Employed By: _____ Location: _____

Parent's Combined Gross Annual Income (kept confidential): \$ _____

Additional Income (Military, Retirement, Farm, Ranch, etc.): _____ \$
Source Amount

Number of Brothers and Sisters Living At Home: _____ Number Currently In College: _____

What College(s) Are They Attending? _____

Did You Earn Any Money While In High School (including summer)? Yes No

Did You Have To Work To Help Support or Assist Your Family? Yes No

Have You Been Awarded Any Other Scholarships? Yes No

What Scholarships Have You Been Awarded? _____

What special recognition have you received for excellence in schoolwork, such as honors, prizes, or scholarships? Please list any activity or accomplishment you are proud of: _____

What Degree will your school work lead to? _____

Please state what your education objectives are, what life's work you want to prepare for by attending the school you have chosen, and the reasons why you have decided on these. (Use additional sheet if necessary)

What college or university do you plan to attend if awarded the API Scholarship?

Name	Location	Approximate Registration Date
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I do hereby authorize the release of my high school transcript to be accompanied with this application, including ACT scores.

Student's Signature _____ Date _____

Parent or Guardian Signature _____ Date _____

RULES GOVERNING SCHOLARSHIPS

All seniors and any previous year recipients shall be eligible to apply for a scholarship to be applied to the costs of tuition, campus housing or books in attending an accredited institution of higher learning. The criteria on which the applicants will be judged shall be scholastic achievement, financial need and citizenship. No recipient shall be a member of the immediate family of the Scholarship Committee. The scholarships will be paid each fall and spring semester with the recipient being required to maintain a 2.5 grade point average, on a 4.0 scale per semester with a minimum of 12 hours per semester, to continue to be eligible. At the end of each semester, the recipient is required to email, fax or mail a copy of their transcript to the Woodward A.P.I. Chapter, to verify a 2.5 GPA is being maintained, before any payment will be made. No participant shall be eligible to receive a scholarship for more than 8 consecutive fall & spring semesters in total.

I hereby acknowledge reading the rules applicable to all scholarships.

Student's Signature _____ Date _____

LETTER OF RECOMMENDATION FROM HIGH SCHOOL OFFICIAL MUST BE ATTACHED

COPY OF HIGH SCHOOL TRANSCRIPT MUST BE ATTACHED

COPY OF YOUR PARENT'S MOST CURRENT FEDERAL TAX RETURN MUST BE ATTACHED

Form 1040, 1040A or 1040EZ only. No attachments, please.