

TWIN LAKES HOME BUILDERS
SCHOLARSHIP APPLICATION

STUDENT INFORMATION

Name: _____

Date of Birth: ____ - ____ - ____

Permanent Address: _____

City/State/Zip Code: _____

Telephone Number: _____

College Telephone Number: _____

College or Trade School Name _____

College Address: _____

City/State/Zip Code: _____

Name of High School/Year of Graduation _____

What Field of study are you pursuing/planning to pursue?

Will you be a full time student; if not how many hours will you be taking? _____

Have you, or are you going to receive any Scholarships? _____

Name of Other Scholarships or Grants: _____

Total Amount of Scholarship/Grants that you have or will receive: _____

PERSONAL INFORMATION

State Members Name & Business affiliated with Twin Lakes Home Builders (**by parents, employed, or other**). _____

High School/College Grade Point Average (from transcript):

ACT Score (highest): _____

SAT Composite (highest): _____

***Please return this **application** along with a **High School Transcript or College Transcript** and a **Typed Written Paragraph** of why this Scholarship will be beneficial to you to:

Twin Lakes Home Builders Association
PO Box 1321
Mountain Home, AR 72654

Deadline April 15, 2019

** This Scholarship Application is for students who are enrolled or planning to enroll at ASUMH.