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Scholarship Application Form \*(Please read the Eligibility instructions before filling out this application form).

Application Information

First Name: \_\_\_\_\_ MI: \_\_\_\_\_ Last Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Age: \_\_\_\_\_ Texas DL/ ID: \_\_\_\_\_ Social Security #: \_\_\_\_\_

Marital Status:  Married  Single  Divorced  Widowed  Separated Permanent

Address: \_\_\_\_\_ City: \_\_\_\_\_

State: \_\_\_\_\_ Zip Code: \_\_\_\_\_ Home

Phone: (\_\_\_\_) \_\_\_\_\_ Alternate Number: (\_\_\_\_) \_\_\_\_\_

Current Address (If different from Permanent Address): \_\_\_\_\_

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

Local Phone: (\_\_\_\_) \_\_\_\_\_ Work Number: (\_\_\_\_) \_\_\_\_\_ Cell: (\_\_\_\_) \_\_\_\_\_

Educational Background: High School grad: \_\_\_\_\_ School: \_\_\_\_\_

H.S. Graduation Year: \_\_\_\_\_ GED: \_\_\_\_\_ School / Yr \_\_\_\_\_

Completion Year: \_\_\_\_\_

Program Information: Scholarships are awarded based on program of study, so please be as specific as possible

Review programs list below and check any one of your choice.

CNA (Certified Nursing Assistant)  CMA (Certified Medication Aide)  Phlebotomy  Pharmacy Tech

What school do you plan to attend?

1<sup>st</sup> Choice: \_\_\_\_\_

2<sup>nd</sup> Choice: \_\_\_\_\_

3<sup>rd</sup> Choice: \_\_\_\_\_

Have you been accepted into the above School?

\_\_\_\_\_ For what Program?

Total program costs per year: \_\_\_\_\_ Tuition: \_\_\_\_\_

Have you been awarded other scholarships or grants? \_\_\_\_\_

Amount \_\_\_\_\_ Source \_\_\_\_\_

Have you been employed since the past 6 months? \_\_\_\_\_

Do you plan to work during this program? \_\_\_\_\_

Documents required: High school diploma or GED certificate, valid Texas driver's license, social security card, and completed application form. Note: UgoSunday Foundations Inc. will award tuition scholarships





and course text only. For any question or to submit your application, contact us through e-mail or telephone.

