



LAST NAME, FIRST NAME \_\_\_\_\_

List brothers and sisters, with ages, who are dependent upon parents for support:

\_\_\_\_\_  
\_\_\_\_\_

No. of brothers and sisters in college \_\_\_\_\_

Are you employed? \_\_\_\_\_ If so, where? \_\_\_\_\_

Hours per week \_\_\_\_\_ Do you qualify for College Work Study? \_\_\_\_\_

Do you currently have a scholarship? \_\_\_\_\_ Amount? \_\_\_\_\_

Other circumstances relevant to your financial need: \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Date \_\_\_\_\_

Signature \_\_\_\_\_

Return to:

Scholarship Committee  
c/o Lisa A. Gentry  
Department of Physics  
The University of Texas at Austin  
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Austin, TX 78712-1192