

**The University of Houston Foundation  
FLORENCE SCHWARTZ SCHOLARSHIP  
IN THE DEPARTMENT OF COMMUNICATION SCIENCES & DISORDERS**

**Eligibility Requirements:**

1. Must be a female student. **ATTACH A COPY OF DRIVER'S LICENSE.**
2. Must be a sophomore or above.
3. Must be an approved ComD major.
4. Must have and maintain a minimum 3.5 GPA to continue eligibility.
5. Submit no more than one page description of your academic and career goals and how this scholarship would be of financial assistance to you.
6. **COMPLETED AUTHORIZATION FORM MUST ACCOMPANY SCHOLARSHIP APPLICATION.**

**Print Legibly**

Legal Name: \_\_\_\_\_  
Last First Middle

Current Address: \_\_\_\_\_  
Street, Apartment, or P.O. Box City, State, Zip

E-mail address: \_\_\_\_\_ Date of Birth: \_\_\_\_\_

Cell Phone: (\_\_\_\_\_) \_\_\_\_\_ Home Phone: (\_\_\_\_\_) \_\_\_\_\_

**Academic data:**

UH Classification for upcoming Fall semester: \_\_\_\_\_ Sophomore \_\_\_\_\_ Junior \_\_\_\_\_ Senior \_\_\_\_\_ Graduate

MAJOR: \_\_\_\_\_ Cumulative GPA at UH: \_\_\_\_\_

Credit hours enrolled for upcoming Fall semester: \_\_\_\_\_ Anticipated Graduation date: \_\_\_\_\_  
(Mo/Yr)

Are you enrolled in the Communication Sciences & Disorders Program? \_\_\_\_\_ Yes \_\_\_\_\_ No

Are you an approved ComD Major? \_\_\_\_\_ Yes \_\_\_\_\_ No

**Organizations, Activities, Awards & Honors** (list only the best. Do not attach an additional sheet)

<u>Year</u>	<u>Organization/Activity</u>	<u>Special Awards/Honors/Offices Held</u>
1) _____		
2) _____		

**I hereby certify that all information reported on this application is true and accurate to the best of my knowledge.**

\_\_\_\_\_  
(Signature)

\_\_\_\_\_  
(Date)

**MAIL APPLICATION TO:**  
**UNIVERSITY OF HOUSTON FOUNDATION**  
**4543 Post Oak Place, Suite 250**  
**HOUSTON, TEXAS 77027**

**Applications that are emailed, faxed or  
incomplete will not be accepted.**

For further information call the University of Houston Foundation, 713-622-6061

UNIVERSITY OF HOUSTON FOUNDATION  
INFORMATION AUTHORIZATION FORM

**REQUIRED**

Because of the recently-enacted Privacy Act, the University of Houston must have your written permission to release your Grade Point Average and hours of enrollment to the University of Houston Foundation. The UH Foundation needs to verify these in order to award the scholarship funds to your student account.

**I give permission to the University of Houston to release to the University of Houston Foundation my grade point average for the most recently-completed semester, as well as my overall grade point average and hours of enrollment.**

\_\_\_\_\_  
**PRINTED NAME**

\_\_\_\_\_  
**(signature)**

\_\_\_\_\_  
**(date)**

\_\_\_\_\_  
**(student ID number)**

**OPTIONAL**

**The University of Houston Foundation must have your permission to release application information to the scholarship donor.**

**I give permission to the University of Houston Foundation to give my name to the scholarship donor if requested.**

\_\_\_\_\_  
**PRINT NAME**

\_\_\_\_\_  
**SIGNATURE**

\_\_\_\_\_  
**DATE**