

**University of Houston Foundation
LOUIS WILLIAMS AWARD SCHOLARSHIP ENDOWMENT
AT THE COLLEGE OF PHARMACY**

Eligibility Requirements:

1. Recipient must be African-American. **ATTACH A COPY OF DRIVERS LICENSE OR PASSPORT.**
2. Recipient must be enrolled and accepted at the UH College of Pharmacy.
3. Must be a sophomore or above.
4. Must be in good academic standing at the University of Houston.
5. Recipient must have and maintain at least a 2.5 GPA or higher to continue eligibility.
6. Submit no more than one page description of your academic and career goals and how this scholarship would be of financial assistance to you.
7. **COMPLETED AUTHORIZATION FORM MUST ACCOMPANY SCHOLARSHIP APPLICATION.**

Personal Data: (Print Legibly)

Legal Name: _____
Last First Middle
Current Address: _____
Street, Apt., or P. O. Box City, State, Zip
Email Address: _____ Date of Birth: _____
Cell Phone (____) _____ Home Phone: (____) _____
Student ID# _____

Academic data:

UH Classification for upcoming Fall semester: _____ Sophomore _____ Junior _____ Senior _____ Graduate
Have you been accepted into the College of Pharmacy? _____ Yes _____ No
MAJOR: _____ Cumulative GPA at UH or Transfer GPA: _____
Credit hours enrolled for upcoming Fall semester: _____ Anticipated Graduation date: _____
(Mo/Yr)

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 OR DROP OFF 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

Because of the recently-enacted Privacy Act, the **University of Houston** must have your written permission to release your Grade Point Average to the *University of Houston Foundation*. The UH Foundation must verify your G.P.A. in order to release the scholarship funds to your student account.

Please sign the following statement:

I give permission to the University of Houston to release to the University of Houston Foundation my semester hours for the current semester and grade point average for the most recently completed semester, as well as my overall grade point average. This permission is granted for as long as I may have a scholarship awarded by the UH Foundation.

I also give the University of Houston Foundation permission to release my name and contact information to the organization/persons funding the scholarship.

PRINTED NAME

SIGNATURE

STUDENT ID#

DATE

Attach this signed form and all required documents to the scholarship application and return to the UH Foundation at the address shown on the application.