## The University of Houston Foundation THE PAUL-BASKARAN SCHOLARSHIP AT THE UNIVERSITY OF HOUSTON – CLEAR LAKE

## **Eligibility Requirements:**

4543 Post Oak Place, Suite 250

**HOUSTON, TEXAS 77027** 

- 1. Recipient must be an international student, preferably from India. <u>ATTACH A COPY OF BIRTH</u> CERTIFICATE OR PASSPORT.
- 2. Recipient must be pursuing a graduate degree in Healthcare Administration at UHCL.
- 3. Recipient can be part-time or full-time student in good standing at the UHCL.
- 4. Recipient must have and maintain a GPA of 3.0 to continue eligibility.
- 5. Submit one-page description of your academic and career goals and how this scholarship would be of financial assistance to you.
- 6. <u>COMPLETED AUTHORIZATION FORM MUST ACCOMPANY SCHOLARSHIP APPLICATION.</u>

Personal Da	ata: (Print Legibly)		
Legal Name	o:		
G	Last	First	Middle
Current Add	Iress: Street, Apartment, or P.O. Box		City, State, Zip
E-mail address:			
Cell Phone:	()	Home Phone:(	))
Student ID#	:	_	
Academic d	lata:		
MAJOR:		Are you a part-time or full-time student?	
Are you pur	suing a graduate degree in Healthcar	re Administration at UF	ICL?YesNo
Credit hours	enrolled for upcoming Fall semester:	Cumulative GP	A at UH or Transfer GPA:
Anticipated	Graduation date:		
<u>Organizatio</u>	ons, Activities, Awards & Honors:	(list only the best. Do no	t attach an additional sheet)
<u>Year</u>	Organization/Activity	Special Awards/F	Honors/Offices Held
1)			
I hereby ce knowledge.	rtify that all information reported	on this application is	true and accurate to the best of m
(Signature)		(Date)	
	DROP OFF APPLICATION TO:		
UNIVERSI	TY OF HOUSTON FOUNDATION	ON Applica	tions that are emailed, faxed or

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

incomplete will not be accepted.

## 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.