

The University of Houston Foundation SANDOR TURANYI SCHOLARSHIP

Eligibility Requirements:

ATTACH A COPY OF BIRTH CERTIFICATE OR PASSPORT.

1. Must be *either* a first or second generation Hungarian (with at least one parent or grandparent born in Hungary), or from the Hungarian minority in a neighboring Country (Felvidek, Erdely, Delvidek, etc.)
OR
an international student from the above mentioned with a non-immigrant visa (temporary).
2. Enrolled at University of Houston (main campus, Downtown, Clear Lake or Victoria).
3. **Undergraduates must have completed at least one semester at a University of Houston.**
4. Must have and maintain a cumulative GPA of 2.5 to continue eligibility, with plans to continue toward a degree.
5. Full-time student (minimum 12 hours for an undergraduate or 9 hours for a graduate student.)
6. Submit no more than one page describing relationship to Hungary/Hungarians 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: _____
Family name First Middle

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

E-mail address: _____ Date of Birth: _____

Cell Phone: (_____) _____ Home Phone: (_____) _____

Student ID# _____

Academic date:

Classification for upcoming Fall Semester : ____ Sophomore ____ Junior ____ Senior ____ Graduate

Which Campus will you be attending? ____ UH ____ UHD ____ UHCL ____ UHV

As an undergraduate, have you completed at least one semester at UH? ____ Yes ____ No

Cumulative GPA at UH or Transfer GPA: _____ Anticipated Graduation date: _____
(Mo/Yr)

Major field of study at college/university: _____

Credit hours enrolled for upcoming Fall semester: _____

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.**

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.