

SOUTHWEST COUNCIL OF LATIN AMERICAN STUDIES (SCOLAS)

BERTIE ACKER GRADUATE SCHOLARSHIP APPLICATION FORM

Full Name: _____

Present (School) Address:

Telephone: (_____) _____

Until what date will you be at the above address?: _____

Permanent (Home) Address:

When will you be at this address?: _____

Telephone: (_____) _____

E-mail: _____

*** If you change your address, please notify us immediately and provide a telephone where you can be reached.**

Major: _____ Minor: _____

Name of University or College: _____

Name of University or College you will attend next fall: _____

Classification (mark one): () M.A. Graduate Student () Ph.D. Graduate Student

Name of Nominating Professor: _____

Address:

Telephone: (_____) _____

E-mail: _____

Name of Second Referee _____

Address:

Telephone: (_____) _____

E-mail: _____

*** Please send the original and two copies of the complete application to:**

Pauline Warren
Houston Community College-Southeast
6815 Rustic Ave.
Houston, TX 77087
(713) 718-7065
pauline.warren@hccs.edu