



# الجمعية الدرزية الاميركية

هيوسطن- تكساس

**AMERICAN DRUZE SOCIETY**  
Houston Chapter



**ADS HOUSTON SCHOLARSHIP PROGRAM APPLICATION**  
**Form B: Sustaining Scholarship Application**

Name: \_\_\_\_\_

The Program Administrator can provide guidance in completing your materials and other information. Please call any member of your current ADS Houston Chapter Board of Directors for help in completing this application.

I \_\_\_\_\_ have read and understand the conditions of the ADS HOUSTON SCHOLARSHIP PROGRAM as explained in the current **Notes to Candidates**. I give permission to officials of my institution to release transcripts of my academic record and other information requested for consideration in the ADS HOUSTON SCHOLARSHIP PROGRAM. I understand that this application will be available only to members of the Selection Committee who need to see it in the course of their evaluation. I waive the right to access letters of recommendation written on my behalf. I affirm the information contained herein is true and accurate to the best of my knowledge and belief.

Date: \_\_\_\_\_ Signature: \_\_\_\_\_

Name: \_\_\_\_\_  
(Print/type) Last First M.I.

Home Address: \_\_\_\_\_  
Number, Street, Apt.

\_\_\_\_\_ City State Zip Country

Home telephone: \_\_\_\_\_ E-mail: \_\_\_\_\_

Address while attending School If different from Home

\_\_\_\_\_ Number, Street, Apt.

\_\_\_\_\_ City State Zip Country

Name of institution: \_\_\_\_\_

Current Cumulative GPA: \_\_\_\_\_ on a scale \_\_\_\_\_

Undergraduate Major: \_\_\_\_\_

College credits earned: \_\_\_\_\_ Total number of credits required: \_\_\_\_\_

Expected date to receive baccalaureate: \_\_\_\_\_ Degree: \_\_\_\_\_

Graduate degree(s): \_\_\_\_\_ Concentration: \_\_\_\_\_

Are you in good academic standing for the current school year:  Yes  No



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Name: \_\_\_\_\_

If No, Please provide a detailed explanation: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Summer Credits Completed: \_\_\_\_\_  Semester

Quarter

Name of institution if different from that on Page 1 : \_\_\_\_\_

GPA: \_\_\_\_\_ GPA Scale \_\_\_\_\_

Undergraduate Major: \_\_\_\_\_

Fall Credits Completed: \_\_\_\_\_  Semester

Quarter

Name of institution if different from that on Page 1 : \_\_\_\_\_

GPA: \_\_\_\_\_ GPA Scale \_\_\_\_\_

Undergraduate Major: \_\_\_\_\_

Spring Credits Completed: \_\_\_\_\_  Semester

Quarter

Name of institution if different from that on Page 1 : \_\_\_\_\_

GPA: \_\_\_\_\_ GPA Scale \_\_\_\_\_

Undergraduate Major: \_\_\_\_\_

**PLEASE ATTACH OFFICIAL SCHOOL/COLLEGE TRANSCRIPTS FOR  
THE COMPLETED ACADEMIC YEAR**