|  |  |
| --- | --- |
| IAPG Houston | 1. **Please read the Terms and Conditions document for details & instructions.**
2. **Submit application to:** **office@iapghouston.org**

**IAPG Houston website** [**www.iapghouston.org**](http://www.iapghouston.org) |

**APPLICATION MUST BE POSTMARKED BY JUNE 10th, 2024**Applications received after this date will not be accepted

**APPLICANT**

Name: Last \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ First: Middle Initial:

Permanent Address:\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Apt. No.

City\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ State\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Zip Code

Telephone Number Passport or ID Number

(indicate country)

Birth Date (mm/dd/yyyy) Sex: Male Female

Email Address:

**EDUCATIONAL AND PROFESSIONAL INFORMATION**

Desired Graduate Program MS PhD

Academic Program

Intended Area of Specialization (Thesis area)

**STUDENT A: List of Universities that you have applied to -STUDENT B: List the University you are attending**

|  |  |
| --- | --- |
| Accepted? | Classes |

Name Address Yes No Start Date

**Employment**

Employment History: Please enclose your Curriculum Vitae

Will you be employed while attending to School? Yes No
if "*yes*" give name and address of employer:

**EDUCATIONAL BACKGROUND**

Institutions attended Name Years Attended Degree Date of Graduation GPA

I have read and accepted all 2023 IAPG Houston Scholarship Terms & Conditions. I certify that the information given in this application is complete and accurate to the best of my knowledge. I understand that the final approval of my application is dependent upon my acceptance to a US University under a graduate program.

Signature Date