

**Diamond Family Scholars Program Application**

To be considered for membership in the Diamond Family Scholars Program at University of Houston please complete the application below. Eligibility requirements: Have experienced time in foster care, orphan and/or ward of the state; be accepted to the University of Houston, preference for first-time in college freshman; be a Texas resident or eligible for in-state tuition. Full eligibility requirements can be found at [www.uh.edu/uep/diamond-scholars](http://www.uh.edu/uep/diamond-scholars).

Please attach two letters of recommendation and a one-page personal statement explaining why the Diamond Family Scholars Program will benefit you (personal goals, academic, career, etc). **Please return to the Urban Experience Program Office.**

| Membership Application |
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| Applicant Information |
| Name: |
| Date of birth: | Campus ID#: | Phone: ( ) - |
| Current address: |
| City: | State: | ZIP Code: |
| Are you a sibling of a current or past Diamond Family Scholar? (Circle one) Yes No |
| At any time in the past were you removed from your home by state authorities and placed in the care of others? Yes NoIf “yes,” at what age were you last removed from the care of your parents? \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |
| In what state and county did you experience time in foster care?  |
| Were you adopted? Yes No If yes, at what age?  |
| Did you have/use a different name? Yes No If yes, please share: |
| Education Information |
| High School: |
| Address: | Phone: |
| City: | State: | ZIP Code: |
| Cumulative GPA: |
| College Information |
| Major: Classification (Circle one): Freshman Sophomore Junior Senior |
| Completed Hours:  | Email: | Graduation Date: |
| Emergency Contact |
| Name of a relative not residing with you: | Name of a relative not residing with you: |
| Phone: | Phone: |
| Signatures |
| I authorize the verification of the information provided on this form. I have received a copy of this application.I certify that the above information is accurate. In addition, I agree to allow my application to be reviewed by those who make the scholarship award decision. I agree to authorize the Oﬃce of Financial Aid at the University of Houston to release a profile of my academic and financial status, if requested, to the individuals involved with the scholarship decision. |
| Signature of applicant: | Date: |