

**UNITED SPECIALTY ADVERTISING  
HIGH SCHOOL EDUCATION SCHOLARSHIP**

**PO Box 150340 / Ft. Worth, TX 76108**

**Phone: 800-681-1872 or 817-806-1800**

**Fax: 817-806-1817**

1. Name \_\_\_\_\_  
                                    **Last**  **First**  **Middle**

Address \_\_\_\_\_ City \_\_\_\_\_

State \_\_\_\_\_ Zip \_\_\_\_\_ Phone \_\_\_\_\_

2. The name and address of the college, university, or technical school you plan to attend  
in the fall: \_\_\_\_\_

3. List any scholarships you have been awarded: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

4. List activities or organizations outside of high school: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

5. Are you currently employed? \_\_\_\_\_ Where? \_\_\_\_\_  
  
Why are you working? \_\_\_\_\_  
\_\_\_\_\_

6. Number of college students in household. Include yourself. \_\_\_\_\_
7. Please comment on your educational plans and your employment/career goals. Please attach additional sheets to this application if needed.

I, the undersigned applicant, declare that the information contained in this application is true, correct and accurate to the best of my knowledge and belief. I, further, declare that if the scholarship is awarded to me, the scholarship money will be used to advance my own education within one year of graduating high school.

Applicant Name (Print)\_\_\_\_\_

Applicant's Signature\_\_\_\_\_Date\_\_\_\_\_

**Please send a copy of your transcript and this form to the address above.**