



2026 SCHOLARSHIP ACKNOWLEDGMENT FORM

The applicant must complete this form. The applicant and parent/guardian must sign this form. Answer all the questions. If a question does not apply, write "none" in the space provided.

NAME OF APPLICANT (please print): _____

STREET ADDRESS: _____

CITY, STATE, ZIP: _____

NAME OF HIGH SCHOOL OR COLLEGE: _____

YEAR OF GRADUATION: _____ DATE OF BIRTH: _____

(HS year if recent graduate. Use College projected graduation date if already enrolled in college)

YOUR EMAIL ADDRESS: _____

HOME PHONE: _____ CELL PHONE: _____

UCATX NORTH TEXAS MEMBER FIRM: _____

MOTHER'S/GUARDIAN 1 FULL NAME: _____

FATHER'S/GUARDIAN 2 FULL NAME: _____

Which parent/guardian is an employee of the UCATX North Texas member firm? _____

After the application is received and acknowledged this sheet will be placed in a sealed envelope and not opened until after the selection has been made. The Scholarship Committee will not have any knowledge of this information during the selection process.

I certify that the information herein is complete and accurate to the best of my knowledge and belief.

Applicant Signature

Signature of Parent/Guardian