

VAMOS SCHOLARSHIP RENEWAL FORM

Last Name _____ First Name _____ Middle Initial _____ Year Awarded _____

Preferred mailing address (PRINT ONLY)

Address _____

City _____

State _____ Zip Code _____

Preferred Phone (____) _____

Primary e-mail: _____

** Carefully type or print your complete e-mail address as we will be communicating with you via email.*

How was your VAMOS award used to offset your educational costs? (Check all that apply)

- Tuition/Fees/Room & Board Books and Supplies Other, please explain below.
 Reduced Federal Work-Study Reduced Student Loans Reduced other aid/scholarships/grants

VAMOS Volunteer Hours to date: _____ (you must complete 40 hours per academic year)

Academic Information (please submit OFFICIAL transcript and class schedule for next semester)

Classification according to VAMOS Program: Freshman Sophomore Junior Senior

GPA: _____

University where you are enrolled (*do not abbreviate*): _____

Major _____ Expected Graduation Date (mm/yyyy) _____/_____/_____

Briefly describe your academic achievements/challenges and any other experiences during this semester:

Have you contacted your mentor? YES NO

If yes, by: Email Phone Other Date(s) _____ / _____ / _____

If no, reason: _____

Renewal Check list: Renewal/Volunteer hours Form Official Transcript Class Schedule

I certify that all information on this form is true and complete to the best of my knowledge. It is my responsibility to contact VAMOS with any changes.

Failure to submit this information will delay your scholarship.
Please mail to: P.O. Box 6882, McAllen, TX 78502 or fax 956.800.4058
Questions? Call 956.800.4085 or email info@vamossscholars.org

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Applicant's Signature: _____ Date: _____

| Date | Event / Duties | Total Hours | Organization's Contact Information | Organization Representative's Signature |
|------|----------------|-------------|------------------------------------|---|
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**hours must be completed with other non-profit organizations and not for class credit. If questions email or call.*

Student Signature _____

Total Hours _____

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