

**NEW MEXICO STATE CHAPTER
P.E.O. SCHOLARSHIPS**

Mark the Scholarship(s) for which you are making application

- | | |
|--|---|
| <input type="checkbox"/> Delilah Williams I | <input type="checkbox"/> Francine Neff III |
| <input type="checkbox"/> Francine Neff I | <input type="checkbox"/> Francine Neff IV |
| <input type="checkbox"/> Delilah Williams II | <input type="checkbox"/> Jean Boswell |
| <input type="checkbox"/> Francine Neff II | <input type="checkbox"/> NM State Scholarship |

Instructions

- Applicant must be sponsored by a local P.E.O. chapter.
- Applicant must be enrolled for the entire academic year, Fall and Spring.
- This is a fill-in pdf form.

Personal Information

Name _____
Last First Middle Preferred Name

Address _____

City _____ State _____ Zip _____

All E-mail addresses _____ Telephone _____

Permanent Address _____

Date of Birth _____ Place of Employment _____

Name of Parent, Guardian, or Spouse: _____

Address: _____
E-Mail _____ Telephone _____

Are you related to a State Scholarship Committee Member? Y__ N__ If yes, not eligible for this scholarship.
Are you related to a P.E.O. Chapter member? Y__ N__ Relationship _____ Chapter: _____

Educational Information

Cumulative GPA _____ Cumulative Number of Hours _____ Projected Graduation Date _____

Name of the University Where Accepted: _____

Address _____

Please select: I will be an undergraduate Freshman Sophomore Junior Senior

Declared Major _____ Minor _____

I certify that the above information is correct and complete. I understand that I am a female resident of the state of New Mexico and that I will be enrolled as a full-time student (12 hours or more) **during** the two semesters for which I have applied for this scholarship.

Applicant's Signature

Date