

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

**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 Microsoft Word form. You can fill in online or print it off and fill by hand.

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

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

**Personal Information: I am a U.S. citizen or a legal resident of the U.S. Y  N**

Name \_\_\_\_\_  
Last First Middle Preferred Name

Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

All E-mail addresses \_\_\_\_\_ Phone \_\_\_\_\_

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  Name \_\_\_\_\_ Chapter \_\_\_\_\_  
Relationship \_\_\_\_\_

**Educational Information:**

Cumulative GPA \_\_\_\_\_ Cumulative Number of Hours \_\_\_\_\_ Projected Graduation Date \_\_\_\_\_

Name of the University Where Accepted \_\_\_\_\_

Address \_\_\_\_\_

Next School Year 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