



Santa Clara Pueblo Housing Authority

201 Road Runner Road, Espanola NM 87532-1313

Phone: (505)-753-6170 Fax: (505) 257-3715

info@scphousing.org – www.scphousing.org

2024-2025 Scholarship Application

STUDENT INFORMATION

First Name	Middle Name	Last Name	
Mailing Address	City	State	Zip Code
Home Phone	Cell Phone	Email	
Gender: Male <input type="checkbox"/>	Female <input type="checkbox"/>		

DEMOGRAPHIC INFORMATION

I am an Enrolled Member of Santa Clara Pueblo: Yes No

Marital Status: Single Married Widow/er Divorce Separated

High School Name	City/State
Cumulative High School GPA: _____	<input type="checkbox"/> I have a GED Certificate
Date of Graduation: _____	Date Received: _____

COLLEGE INFORMATION

College/University (Name of Accredited School)			
Mailing Address	City	State	Zip Code
Degree seeking: <input type="checkbox"/> Associates	<input type="checkbox"/> Bachelor's	<input type="checkbox"/> Masters	<input type="checkbox"/> Ph.D
Major	Minor		
Cumulative GPA	Total Credits Received to Date		
Anticipated Graduation Date (Mo/Yr)	Current academic classification		

Full Time Student:

How did you find information regarding the SCPHA Scholarship? _____

What will the SCPHA scholarship specifically fund?

Are you receiving any other educational scholarships, grants, etc.? If yes, please list from where and amount:

1. _____
2. _____
3. _____
4. _____

List any extra-curricular activities you have been involved in:

List any community services activities you have been involved in:

Checklist for Completion of application:

- Personal Statement
- Copy of unofficial transcripts
- 3 Letters of Recommendation (Must be signed with signature)
- Copy of SCP Tribal Membership card
- Letter of Acceptance from Accredited College or University

I certify that all information on my application is complete and accurate to the best of my knowledge. I understand that it is my responsibility to submit a completed application and maintain all SCPHA requirements. I agree to reimburse SCPHA for the semester(s) awarded and to forfeit the remaining scholarship funds awarded to me if I do not maintain the required GPA and do not complete the semester at an accredited college or university.

Applicant's Signature or Signature of Parent/Guardian
(If student is under the age of 18)

Date