



## HMP SCHOLARSHIP APPLICATION FORM

### Name

\_\_\_\_\_

First

\_\_\_\_\_

Last

### Permanent Address

\_\_\_\_\_

Street Address

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

ZIP Code

### Mailing Address

\_\_\_\_\_

Street Address

\_\_\_\_\_

City

\_\_\_\_\_

State

\_\_\_\_\_

ZIP Code

**Best phone number to reach you** \_\_\_\_\_

**Email** \_\_\_\_\_

### College / University

\_\_\_\_\_

### Program type

\_\_\_\_\_ Graduate \_\_\_\_\_ Undergraduate

Degree \_\_\_\_\_ Cumulative GPA \_\_\_\_\_

Major GPA \_\_\_\_\_ Expected graduation date \_\_\_\_/\_\_\_\_/\_\_\_\_

Send to [info@hispanicmotorpress.org](mailto:info@hispanicmotorpress.org)