

Scholarship Application Form

Full Name _____

Address _____

City _____ State _____ Zip _____

Home Phone _____ Cell Phone _____

Email _____ Birth Date _____

High School Graduation Date _____ What academic year are you applying for? _____

High School GPA (4.0 scale) _____ ACT Composite Score _____

SAT Score: Critical Reading _____ SAT Score: Math _____

College _____ Years Attended _____ GPA _____

Intended Major/Minor _____

Were you a registered participant at a National Algae Association conference or workshop within the last 12 months? _____

In 500 words or less, explain why you think National Algae Association should award you a scholarship:

Mail completed application to: National Algae Association
4747 Research Forest Drive, Suite 180
The Woodlands, Texas 77381