American Petroleum Institute
Corpus Christi Chapter

Scholarship Application

Today's Date: _____

STUDENT INFORMATION

NAME:	
HOME ADDRESS:	
CITY:	
CONTACT NUMBER:	
EMAIL:	
DATE OF BIRTH:	
HIGH SCHOOL / UNIVERSITY:	
NUMBER GRADUATING IN CLASS:	**GRADE POINT AVERAGE:**
SAT SCORE:	**ACT SCORE:**
COLLEGE PREFERENCE (S):	**MAJOR (S):**
1.)	1.)
2.)	2.)

Please note if you have been accepted at the time of application & where:
Outside activities:
List any jobs you have held:
Could you please share your goals for college and your plans for your future career? If needed, feel free to attach additional sheets.

PARENT / GUARDIAN INFORMATION
PARENT / GUARDIAN NAMES:
ADDRESS:
CONTACT NUMBER:
EMAIL:
FATHER/GUARDIAN EMPLOYER & TITLE:
MOTHER/GUARDIAN EMPLOYER & TITLE:
Which parent or guardian is currently a member of CCAPI?

- To apply, it is required that the parent or guardian is employed in an oilfield-related industry and is a current member of the CCAPI. Prior to submitting the application, dues must be paid.
- To be eligible for this scholarship, you must provide all the information requested above. Incomplete forms will not be reviewed.
- To receive a scholarship from CCAPI, it is necessary for the recipient to register at an accredited university and complete at least 12 credit hours each semester while maintaining a minimum GPA of 2.50.

Please send your application via mail or email to:
Corpus Christi API Chapter
PO BOX 9235 - Corpus Christi, TX 78469
api@corpuschristiapi.org

Signature of Applicant and Date: _____

Print Name: _____

Signature of Parent / Guardian and Date: _____

Print Name: _____

IMPORTANT: Please ensure that all forms are submitted via the email or address provided above on or before June 30th. Kindly note that an official transcript from your school is required alongside the forms. Thank you.