

MEXICAN AMERICAN SCHOLARSHIP COMMITTEE (MASC)  
P. O. BOX 5  
ODESSA, TEXAS 79760

**Scholarship Information, Deadlines and Selection Criteria**

The Mexican American Scholarship Committee (**MASC**) selects recipients each August and January of the academic school year. No scholarships are awarded for summer school.

The scholarships are awarded on a **semester by semester basis**. Recipients wishing to continue receiving the scholarship **must reapply** each term for which they wish to be considered.

Students who drop below full-time status (fewer than 12 semester hours), withdraw prior to completing the semester, or fail to meet the minimum grade point average, are **not eligible** to reapply for the next term. Upon satisfactorily meeting the criteria again (i.e., completing a full load of studies and/or raising their cumulative average to no lower than a "C," and/or being removed from academic probation), the student then becomes eligible to be reconsidered for a scholarship.

**IMPORTANT APPLICATION DEADLINES:**

**FALL TERM – JULY 15**

**SPRING TERM – DECEMBER 15**

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**ELIGIBILITY CRITERIA**

1. The student must be a legal resident of the Permian Basin area and plan to attend either **The University of Texas of the Permian Basin** or **Odessa College**.
2. The recipient must enroll as a full-time student (12 semester hours for undergraduates and nine semester hours for graduate students).
3. The recipient **MUST COMPLETE** the full load each semester with a **MINIMUM** grade average of 2.0 (C average) on a 4.0 scale or a 3.0 (B average for graduate students).
4. Applicant must attach a photocopy of a high school transcript and/or a college transcript to the application.
5. Students selected for a scholarship that decide not to enroll or students that withdraw from **ALL** courses **PRIOR** to completion of a semester **MUST NOTIFY MASC** in writing of same. A brief note of explanation should be mailed to: **MASC, P.O. Box 5, Odessa, Texas 79760**.

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Authorization to release Financial Aid Information  
From  
UT Permian Basin – Office of Financial Aid  
Or  
Odessa College – Office of Financial Aid

This is to authorize the Office of Financial Aid at either Odessa College or The University of Texas of the Permian Basin to release any information concerning my financial aid application necessary for the administration of a MASC scholarship.

NAME \_\_\_\_\_ SS# \_\_\_\_\_  
Print clearly and neatly

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_  
(Please sign and leave at your respective school's Financial Aid Office)

To be completed by Financial Aid Officer at OC or UTPB

COST OF ATTENDANCE (1 Semester) \_\_\_\_\_  
(tuition, fees and books)

TOTAL AID AWARDED \_\_\_\_\_

LOAN \_\_\_\_\_

PELL GRANT \_\_\_\_\_

SCHOLARSHIPS \_\_\_\_\_

FAMILY INCOME REPORTED ON INCOME TAX \_\_\_\_\_

FAMILY SIZE REPORTED ON INCOME TAX \_\_\_\_\_

\_\_\_\_\_  
Signature, Certifying Official Date

\_\_\_\_\_  
Institution Name

RETURN TO: MASC, P.O. BOX 5, ODESSA, TEXAS 79760

## MASC SCHOLARSHIP APPLICATION

\_\_\_ First request for a MASC Scholarship \_\_\_ Applied previously – not awarded a MASC scholarship  
\_\_\_ I wish continuation of my MASC Scholarship (skip section B)  
Will enroll at: \_\_\_ OC \_\_\_ UTPB FALL \_\_\_ SPRING \_\_\_ YEAR \_\_\_  
MAJOR \_\_\_\_\_ (YOU MUST STATE YOUR PROPOSED MAJOR)  
If applying to UTPB: \_\_\_ I applied for admission \_\_\_ Have been accepted for admission

### SECTION A:

NAME \_\_\_\_\_ SOCIAL SECURITY NO. \_\_\_\_\_  
ADDRESS \_\_\_\_\_ PHONE \_\_\_\_\_  
CITY/STATE/ZIP \_\_\_\_\_ E-MAIL \_\_\_\_\_

### SECTION B: HIGH SCHOOL INFORMATION (ATTACH HIGH SCHOOL TRANSCRIPT)

Date of High School Graduation: \_\_\_\_\_ or Date GED obtained: \_\_\_\_\_  
Name of High School \_\_\_\_\_ City \_\_\_\_\_  
Grade Average \_\_\_\_\_ Rank \_\_\_\_\_ out of \_\_\_\_\_

### SECTION C: COLLEGE INFORMATION (ATTACH COLLEGE TRANSCRIPT)

Yr/Sem First Enrolled in College \_\_\_\_\_ Yr/Sem Last attended College \_\_\_\_\_  
Last College Attended \_\_\_\_\_ Total Hrs. completed to date \_\_\_\_\_  
Cumulative Grade avg. \_\_\_\_\_

### EXTRA CURRICULAR:

Organizations in which you have participated: \_\_\_\_\_  
\_\_\_\_\_  
Offices held, honors, awards \_\_\_\_\_  
\_\_\_\_\_

### SECTION E: FAMILY INFORMATION (IF MARRIED, SPOUSE INFORMATION)

Parent (s) or Spouse's Name (s) \_\_\_\_\_  
Father's or Spouse's Occupation \_\_\_\_\_ Mother's Occupation \_\_\_\_\_  
Combined Monthly Income \$ \_\_\_\_\_ Number living at Home (include yourself) \_\_\_\_\_

### SECTION F: PERSONAL INFORMATION

Your employer \_\_\_\_\_ Your Monthly Income \_\_\_\_\_  
Full or Part – time \_\_\_\_\_ Will you continue working? Yes \_\_\_\_\_ No \_\_\_\_\_  
Have you applied for other Financial assistance: Yes \_\_\_\_\_ NO \_\_\_\_\_ If yes: \_\_\_ Loan \_\_\_ Grant \_\_\_ Scholarship  
Which scholarships: \_\_\_\_\_

### SECTION G: FINANCIAL ASSISTANCE

How much financial assistance has been awarded to date: \_\_\_\_\_  
Have not yet been notified \_\_\_\_\_ Did not qualify for financial aid \_\_\_\_\_

I understand the conditions under which this award is made. I accept responsibility for returning the award and notifying MASC should I become ineligible for the award.

Signature: \_\_\_\_\_ Date \_\_\_\_\_

**Please attach a statement telling the committee of you future plans. Include any other information that you believe will help us in the selection of recipients.**

