

# NEW MEXICO MILITARY INSTITUTE



## General Richard T. Knowles Legislative Scholarship Application

101 WEST COLLEGE BOULEVARD, ROSWELL, NEW MEXICO 88201-5173

1-800-421-5376 • [www.NMMI.edu](http://www.NMMI.edu) • 575-624-8050



### Priority Deadline: December 30th

*\*Applications will be accepted on a rolling basis until all awards are granted.*

**INSTRUCTIONS:** This application is to be completed and signed by the Applicant and submitted to the *Financial Aid Office at the address listed above*. Please answer all applicable questions. *Please type or print.* This application should be accompanied by a complete transcript and a letter of recommendation from a teacher.

#### APPLICANT MUST COMPLETE - DO NOT MAIL WITHOUT COMPLETING THIS SECTION

STATE REPRESENTATIVE NAME/ DISTRICT # \_\_\_\_\_

STATE SENATOR NAME/DISTRICT # \_\_\_\_\_

THE REQUIRED INFORMATION CAN BE OBTAINED FROM YOUR COUNTY CLERK  
OR GO TO [WWW.NMLEGIS.GOV/LCS/LEGISLATOR\\_LOOKUP.ASPX](http://WWW.NMLEGIS.GOV/LCS/LEGISLATOR_LOOKUP.ASPX)  
**DO NOT MAIL THIS DOCUMENT WITHOUT COMPLETING THIS SECTION.**

Social Security Number \_\_\_\_\_

Have you ever attended NMMI? Yes \_\_\_\_\_ No \_\_\_\_\_ NMMI ID# \_\_\_\_\_

Applicant Name (LAST, FIRST, MI) \_\_\_\_\_

Mailing Address \_\_\_\_\_

Street Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Phone \_\_\_\_\_ Email \_\_\_\_\_

U.S. Citizen Yes \_\_\_\_\_ No \_\_\_\_\_ Legal State of Residence \_\_\_\_\_

Date of Birth (MM/DD/YY) \_\_\_\_\_ Gender \_\_\_\_\_

Are you a Current Cadet? \_\_\_\_\_ If No, What is Expected Entry Term - Fall/Spring \_\_\_\_\_

Name of Current School \_\_\_\_\_

Current Grade Level \_\_\_\_\_ Current GPA \_\_\_\_\_ High School Graduation Year \_\_\_\_\_

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## GENERAL RICHARD T. KNOWLES LEGISLATIVE SCHOLARSHIP APPLICATION

Name of Parents/ Guardians \_\_\_\_\_

Address (If different) \_\_\_\_\_

Parent Phone \_\_\_\_\_

Please List School Activities

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Please List Community Service Activities

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Please List School Honors and Positions of Leadership

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Please List Your Goals

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**Note:** *This application is not complete without your transcript of grades and one letter of recommendation. In addition, please provide the name and district number of your state legislators.*

The above statements are true and correct to the best of my knowledge. I give my consent to release information concerning my academic and /or financial status to scholarship donors.

\_\_\_\_\_  
*Signature*

\_\_\_\_\_  
*Date*