APPLICATION FOR SCHOLARSHIP
WICHITA FALLS BOYS & GIRLS CLUB ALUMNI ASSOCIATION

(Revised April 2018)

SCHOLARSHIP AWARDS:

Scholarship(s) will be awarded during the summer of the current year in the amount of $750 per semester and is renewable for up to 4 years.

ELIGIBILITY:

Financial need will be a primary consideration.

Applicants must be a graduating high school senior

OR

Currently enrolled at a University or College

Applicants must have been a previous or current member of the Boys & Girls Clubs of Wichita Falls (including athletics) and/or be presently employed as a staff member of the Boys & Girls Clubs of Wichita Falls.

Scholarship applicants must have a minimum 2.50 high school/college GPA.

Those considered must disclose any and all educational assistance being received while on this scholarship.

The scholarship is for $750.00 per Fall & Spring semester based on twelve semester hours of college classes or a comparable amount of vocational school work.

The Scholarship Committee will review all applications and determine those applicants most suitable for interviews and scholarship consideration.

Interviews will take place in June or July of current year. In person interviews will not be rescheduled due to scholarship applicant conflict. No phone interviews will be conducted.

Deadline to submit application is June 5.

CONTACT: For further information, please contact Randy Cooper at 322.2012 or rcooper@bgcwf.org. You can also contact Robin Wells at 322.2012 or rwells@bgcwf.org
WICHITA FALLS BOYS & GIRLS CLUBS ALUMNI ASSOCIATION

Information provided is used solely in determining the applicant’s eligibility for scholarship aid funds in accordance with the guidelines established by the Wichita Falls Boys & Girls Clubs Alumni Association.

DATE: ____________________________

NAME: __________________________________________________

_________________________________________

Last First Middle

AGE: _______ DATE OF BIRTH: ________________

MAILING ADDRESS: ___________________________________________________________________________

Street City State Zip

E-MAIL ADDRESS: ___________________________________________________________

HOME TELEPHONE # ________________________ CELL # __________________

COLLEGE/UNIV. ATTENDING OR PLANNING TO ATTEND_________________________________________

CURRENT EMPLOYER: ___________________________________________________

Name Address Phone

MONTHLY WAGES: __________________________

MARITAL STATUS: _________________________ NUMBER OF DEPENDENTS: _____________

OWN HOME: _______ RENT: _______ RESIDE WITH PARENT(S): _______

WHO REFERRED YOU? ___________________________________________

WHAT HIGH SCHOOL DID/WILL YOU GRADUATE FROM?

___________________________________________________________________________

HOW MANY HOURS ARE YOU PLANNING TO TAKE THIS FALL SEMESTER? _______________

WHAT TYPE OF WORK DO YOU PLAN TO PURSUE WHEN YOU GRADUATE? _______________

ALUMNI SCHOLARSHIP APPLICATION

GIVE THE NAME, RELATIONSHIP AND SPECIFY IF ADULT OR CHILD OF ALL PERSONS LIVING IN YOUR

RESIDENCE: __________________________________________________________________________

_____________________________________________________________________________________

_____________________________________________________________________________________

WHICH BOYS & GIRLS CLUB BRANCH WERE YOU A MEMBER OF? _________________________

WHAT YEARS (APPROXIMATELY)? _____________________
TELL US ABOUT YOUR BOYS & GIRLS CLUB PROGRAM PARTICIPATION INCLUDING HONORS & AWARDS

__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
LIST EXTRACURRICULAR AND COMMUNITY SERVICE ACTIVITIES

__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

FATHER’S NAME: __________________________ Address: __________________________

Phone: __________________________ Employed by: __________________________ Position __________________________

MOTHER’S NAME: __________________________ Address: __________________________

Phone: __________________________ Employed by: __________________________ Position __________________________

OTHER THAN EMPLOYMENT, FROM WHAT SOURCES DO YOU EXPECT TO OBTAIN FUNDS FOR COLLEGE?
Parents ________ MSU ________ Vernon ________ Pell Grant or other Grants __________________________

Other Resources ____________________________________________

Other Scholarship Applications ____________________________________________

STATE IN DETAIL THE FINANCIAL SITUATION THAT LEADS TO YOUR NEED FOR THIS SCHOLARSHIP AID: If you and your family have unusual circumstances, please explain by selecting any of the items below that pertain to you circumstances. You may use the space below to include any further details or circumstances which will be relevant.

- Family member recently become unemployed
- Unusual medical expenses not covered by insurance
- Tuition expenses at an elementary or secondary school
- Single parent family or family status change
- You and/or sibling qualify for free or reduced lunch at school

__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________

TELL US ABOUT YOUR EDUCATION AND CAREER GOALS

__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
__________________________________________________________________________________________________
I HEREBY CERTIFY THAT THE INFORMATION GIVEN ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

____________________________________
SIGNATURE OF APPLICANT

Return completed application to:
Wichita Falls Boys & Girls Clubs Alumni Association
1318 Sixth St.
Wichita Falls, TX 76301

WITH COMPLETED APPLICATION, PLEASE SUBMIT THE FOLLOWING:

1. Current transcript
2. One letter of Recommendation—may be from employers, teachers, clergy, community leaders or longtime friends.

Deadline to submit application is June 5.