MARTHA AND GRAHAM BALL MEMORIAL SCHOLARSHIP
APPLICATION

(Revised April 2018)

SCHOLARSHIP AWARDS:

Scholarship(s) will be awarded during the summer of the current year.

ELIGIBILITY:

Financial need will be a primary consideration.

Applicants must be a graduating high school senior and planning to attend Midwestern State University or currently enrolled at Midwestern State University.

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 2.25 high school/college GPA.

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

The scholarship is 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
MARTHA AND GRAHAM BALL MEMORIAL SCHOLARSHIP

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

DATE: ____________________________

NAME: ___________________________________________________________________________________________

Last First Middle

AGE: _______ DATE OF BIRTH: _______________

MAILING ADDRESS: ______________________________________________________________________________

Street City State Zip

CURRENT E-MAIL ADDRESS: _____________________________________________________________________

HOME TELEPHONE # _________________________ CELL # ____________________________________________

COLLEGE / UNIV. ATENDING OR PLAN ON ATTENDING: ___________________________________________

CURRENT EMPLOYER: ___________________________________________________________________________

Name Address Phone

MONTHLY WAGES: _______________________

MARITAL STATUS: ______________________ NUMBER OF DEPENDENTS: _______________________

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? _______________________

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 _______ LOANS _______ 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 & Friends 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.