**James Lane Memorial Scholarship**  
(Revised April 2018)

**SCHOLARSHIP AWARD:**  
Five $1,250 scholarships will be awarded in the summer of the current year. Scholarships are renewable for one additional semester. Scholarships are restricted to Midwestern State University and Vernon College.

**ELIGIBILITY:**  
Primary considerations in awarding the scholarship will be financial need, past academic achievement and club/community volunteer service.

Applicants must be a graduating high school senior  
OR  
Currently enrolled at Midwestern State University or Vernon 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 $1,250 per semester, based on a minimum of twelve semester hours of college classes or a comparable amount of vocational school work. This scholarship is renewable for one additional semester, based on a successful prior semester (minimum GPA – 2.25).

The Scholarship Committee will review all applications and determine those applicants most suitable for interviews and scholarship consideration. In person interviews will not be rescheduled due to scholarship applicant conflict. No phone interviews will be conducted.

*This scholarship was established by the Mavericks, a local community service organization, and the Wichita Falls Boys & Girls Club Alumni Association in memory of James Lane, a tireless community volunteer leader.

**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  
(Adopted 6-5-08)
James Lane Memorial Scholarship
Application

Information provided is used solely in determining the applicant’s eligibility for scholarship aid funds in accordance with the guidelines established by the James Lane Memorial Scholarship Committee.

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: ________________

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)? ___________________________
JL SCHOLARSHIP APPLICATION
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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 your circumstances. You may use the space below to include any further details or circumstances which will be relevant.

☐ Family Member recently became 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.