

TEXAS COASTAL CATTLEWOMEN

Scholarship Application



APPLICANT INFORMATION										
Last Name				First				M.I.	Date	
Home Phone				Personal E-mail Address						
Cell Phone				School Email Address or Other						
<i>Residing Address</i>										
Street No & Name							Apartment/Unit #			
City				State	Zip			County		
<i>Permanent Address</i>										
Street No & Name							Apartment/Unit #			
City				State	Zip			County		
Does this address belong to a parent or guardian?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	If YES, what is their name?							
Scholarship Applied For	TCCW Scholarship <input type="checkbox"/> TCCW Memorial/Honor Scholarship <input type="checkbox"/> James Michael Johnson Memorial Scholarship <input type="checkbox"/>									
Are you a citizen of the United States?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Local Newspaper Name							
Are you a TCCW Member?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Who Referred You?							
Have you applied for a TCCW scholarship prior?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Have you received a TCCW scholarship prior?	YES <input type="checkbox"/>	NO <input type="checkbox"/>					
INCOME										
Are you a dependent on your parents' taxes?	YES <input type="checkbox"/>	NO <input type="checkbox"/>								
If YES, Provide approximate parents' COMBINED Annual Income BEFORE taxes.										
If YES, Provide TOTAL Number of Dependents' claimed on parents' taxes. (i.e. Number of children)										
If YES, Provide number of children claimed on parents' taxes that are enrolled a college or technical school.										
Are you employed or will you be during school?	YES <input type="checkbox"/>	NO <input type="checkbox"/>								

If YES, How many Hours WEEKLY		
If YES, Approximate Monthly Income BEFORE Taxes		
Do you have additional factors for the Scholarship Committee to consider?		

EDUCATION

High School/ Home School					City/St					
From		To		Are you a Senior?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Year Graduated		GPA (4.0 Scale)	
Jr College					City/St					
From		To		GPA		Hours Completed	0-29 HRS <input type="checkbox"/>	30-59 HRS <input type="checkbox"/>	Over 60 HRS <input type="checkbox"/>	
Anticipated Year of Graduation				Current Classification						
College Name of Fall Acceptance										
Minor/Major										
University/ College					City/St					
From		To		GPA		Hours Completed	0-29 HRS <input type="checkbox"/>	30-59 HRS <input type="checkbox"/>	60-89 HRS <input type="checkbox"/>	Over 90 HRS <input type="checkbox"/>
Anticipated Year of Graduation				Current Classification						
College Name of Fall Acceptance										
Major										
Other					City/St					
From		To		Did you complete/	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Ranking/ GPA			
Program Description / Details										

APPLICATION/CONTRIBUTION – COMMUNITY SERVICE

Name		Years Involved	
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Description		Your Role	
Name		Years Involved	
Description		Your Role	
Name		Years Involved	
Description		Your Role	
Name		Years Involved	
Description		Your Role	

APPLICATION/CONTRIBUTION – HONORS AND AWARDS

Name		Years Involved	
Description		Your Role	
Name		Years Involved	
Description		Your Role	
Name		Years Involved	
Description		Your Role	
Name		Years Involved	
Description		Your Role	

APPLICATION/CONTRIBUTION – LEADERSHIP

Name		Years Involved	
Description		Your Role	
Name		Years Involved	
Description		Your Role	
Name		Years Involved	
Description		Your Role	
Name		Years Involved	
Description		Your Role	

APPLICATION/CONTRIBUTION – EXTRACURRICULAR ACTIVITIES

Name		Years Involved	
Description		Your Role	

Name		Years Involved	
Description		Your Role	
Name		Years Involved	
Description		Your Role	
Name		Years Involved	
Description		Your Role	

FINANCIAL AID AND SCHOLARSHIP RECEIVED

Name		Amount	
Name		Amount	
Name		Amount	
Name		Amount	
Name		Amount	
Name		Amount	

APPLICATION CHECKLIST

Please check to make sure you have included the following where applicable with this completed application:

TCCW General Scholarship

YES NO Essay

YES NO Most recent college transcript reflecting hours, including GPA.

YES NO Two (2) Letters of Recommendations

TCCW Memorial/Honor Scholarship

YES NO Essay

YES NO Transcript

YES NO Two (2) Letters of Recommendations

James Michael Johnson Memorial Scholarship

If applying for the James Michael Johnson Scholarship and you are NOT a member of TCCW, provide the name of the relative who is below:

YES NO Essay

YES NO One (1) Letter of Recommendation

DISCLAIMER AND SIGNATURE

This application can be typed or printed then scanned and sent in .PDF or .JPEG format with all other information requested to TCCWscholarship@gmail.com. This application and all the required supporting documents must be received completed no later than the required due date for consideration. (TCCW General Scholarship - **June 30th**. TCCW Memorial/Honor Scholarship and James Michael Johnson Memorial Scholarship – **March 1st**.) Incomplete and late applications will not be accepted.

Scholarship Applicants related to a member or members of the Texas Coastal CattleWomen Scholarship Committee are not eligible to apply for Texas Coastal CattleWomen Scholarships.

Texas Coastal CattleWomen does not and shall not discriminate on the basis of any applicable protected classification including, but not limited to, race, color, religion (creed), gender, gender expression, age, national origin (ancestry), disability, marital status, sexual orientation, or military status, in any of its activities or operations.

I certify that I have read, understand and agreed to requirements of the scholarship(s) I am applying for. Further I certify my answers are true and complete to the best of my knowledge.

Signature

Date