

# 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 Email								
<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?												

<b>EDUCATION</b>										
High School/ Home School					City/St					
From		To		Are you a Senior?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Year Graduated		GPA	
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/ graduate?	YES <input type="checkbox"/>	NO <input type="checkbox"/>	Ranking/ GPA			
Program Description / Details										
<b>APPLICATION/CONTRIBUTION – COMMUNITY SERVICE</b>										
Name					Years Involved					
Description					Your Role					
Name					Years Involved					
Description					Your Role					
Name					Years Involved					
Description					Your Role					
Name					Years Involved					
Description					Your Role					

<b>APPLICATION/CONTRIBUTION – HONORS AND AWARDS</b>			
Name		Years Involved	
Description		Your Role	
Name		Years Involved	
Description		Your Role	
Name		Years Involved	
Description		Your Role	
Name		Years Involved	
Description		Your Role	

<b>APPLICATION/CONTRIBUTION – LEADERSHIP</b>			
Name		Years Involved	
Description		Your Role	
Name		Years Involved	
Description		Your Role	
Name		Years Involved	
Description		Your Role	
Name		Years Involved	
Description		Your Role	

<b>APPLICATION/CONTRIBUTION – EXTRACURRICULAR ACTIVITIES</b>			
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:
  - a. If high school senior applicant - Official high school transcript
  - b. If college applicant - Most recent college transcript reflecting hours, including GPA.
- 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  Two Page 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](mailto:TCCWscholarship@gmail.com). This application and all the required supporting documents must be received completed no later than **June 30<sup>th</sup>** for consideration. 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