CONTINUING EDUCATION SCHOLARSHIP APPLICATION FORM
HARRISON COUNTY AGRI-BUSINESS ASSOCIATION

The HCABA Continuing Education Scholarship applicants must be previous scholarship recipients and be presently attending a 2 year or 4 year college. High school graduation date must be the 2016-2017 year or before.

BIографICAL INFORMATION

Applicant’s Name________________________________________________________
                  (Last)                  (First)                  (Middle)

Home Address________________________________________________________________

Phone Number_________________________ Date of Birth________________________

Father’s Name__________________________________ Occupation/Place of Employment______________________________

Mother’s Name__________________________________ Occupation/Place of Employment______________________________

High School Attended________________________________ Date of Graduation________________________

COLLEGE INFORMATION

Name of University/College/School____________________________________________

Mailing Address of University/College/School________________________________

Major_________________________ Current GPA____________

Number of college credit hours completed_________ Number of hours currently in progress: _____________

List academic awards or special recognition you have received in college.
________________________________________________________________________
________________________________________________________________________

List community services or volunteer activities you have completed during college.
________________________________________________________________________
________________________________________________________________________
List student organizations you are involved in. Include offices held or leadership-related activities.

____________________________________________________________________________________

List any employment you’ve had and describe responsibilities at that job.

____________________________________________________________________________________

List other scholarships you expect to receive for the 2019-2020 school year.

____________________________________________________________________________________

In your own words please tell why you feel you are qualified to be chosen for this scholarship.

____________________________________________________________________________________

____________________________________________________________________________________

____________________________________________________________________________________

CERTIFICATION

I have completed this application and the records are true, complete, and accurate. I am a former recipient of a Harrison County Agri-Business Association Scholarship. (This includes the Mike Emery Memorial Scholarship and any other HCABA-awarded Scholarship.)

________________________________
Signature of Applicant

Return application form and attachments to:
Scholarship Selection Committee
HCABA
PO Box 1717
Marshall, TX  75671

NOTE: Applications must be postmarked on or before the first Monday of March.
NO applications will be accepted after this date!

NOTE: Documentation must be attached. You must include college transcripts. Proof of enrollment for fall 2019 must be forwarded to address above for payment to be made by HCABA. Attach letter(s) of recommendation from current or past professor(s) or advisor(s) and/or employer(s).