

# APPLICATION FOR SCHOLARSHIP WICHITA FALLS BOYS & GIRLS CLUB ALUMNI ASSOCIATION

(Revised April 2018)

## SCHOLARSHIP AWARDS:

Scholarship(s) will be awarded during the summer of the current year in the amount of \$750 per semester **and is renewable for up to 4 years.**

## ELIGIBILITY:

Financial need will be a primary consideration.

Applicants must be a graduating high school senior

**OR**

Currently enrolled at a University or 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 \$750.00 per Fall & Spring semester 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](mailto:rcooper@bgcwf.org). You can also contact Chrissie Kindrick at 322.2012 or [rwells@bgcwf.org](mailto:rwells@bgcwf.org)

# WICHITA FALLS BOYS & GIRLS CLUBS ALUMNI ASSOCIATION

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

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: \_\_\_\_\_

OWN HOME: \_\_\_\_\_ RENT: \_\_\_\_\_ RESIDE WITH PARENT(S): \_\_\_\_\_

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? \_\_\_\_\_

## ALUMNI SCHOLARSHIP APPLICATION

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

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LIST EXTRACURRICULAR AND COMMUNITY SERVICE ACTIVITIES \_\_\_\_\_

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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 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

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TELL US ABOUT YOUR EDUCATION AND CAREER GOALS \_\_\_\_\_

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I HEREBY CERTIFY THAT THE INFORMATION GIVEN ABOVE IS TRUE AND CORRECT TO THE BEST OF MY KNOWLEDGE.

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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.*