

TEXARKANA COLLEGE

ELDRIDGE MEMORIAL

SCHOLARSHIP APPLICATION

Please type or print ALL answers clearly. If application is not legible upon submission, it will not be reviewed.

Last name: _____ First name: _____

Email address: _____

Mailing address: _____ City: _____ State: _____ Zip: _____

Daytime telephone number: _____ Cell phone: _____

Date of Birth – Month: _____ Day: _____ Year: _____ Gender: ☐ Male ☐ Female

Texas institution you will be transferring to: _____

Will you be attending the above listed institution in the Spring 2021? ☐ Yes ☐ No

Name of high school attended: _____

Contact information of parent(s) or legal guardian(s):

Name(s): _____

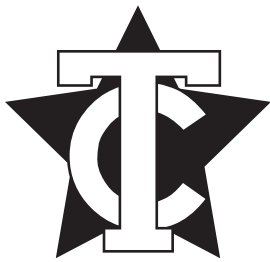
Street: _____ City: _____ State: _____ Zip: _____

Home phone: _____ Cell phone: _____

List any additional financial assistance you will receive during the 2020-2021 academic year:

1. Other scholarship(s): _____ Annual amount: \$ _____

2. Other financial resources: _____ Annual amount: \$ _____



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List your academic honors, awards, and membership activities:

List your community service activities, hobbies, outside interests and extracurricular activities:

PERSONAL ESSAY

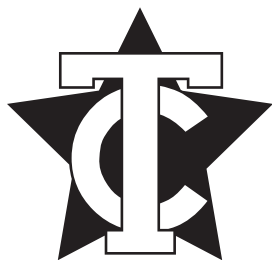
Write an essay explaining why you feel you deserve the Jake and Bessie Eldridge Memorial Scholarship.
Submit your *typed* response with this application. [300-500 words]

REQUIRED ATTACHMENTS

The following items *must* be attached to this application or submitted by the application deadline in order for the application to be reviewed by the scholarship committee. Check yes or no to be sure you have attached each item as required.

- | | | |
|------------------------------|-----------------------------|---|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Completed an application [this form] |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | A signed copy of your parent's 2018 federal income tax return (if a dependent student) and a signed copy of your 2018 federal income tax return, if applicable. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Two (2) character references. Include these letters in a sealed envelope. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Personal Essay |

Your application will not be reviewed if these items are not submitted by the application deadline. NO EXCEPTIONS.



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STATEMENT OF ACCURACY

I hereby affirm that all stated information provided by me is true and correct to the best of my knowledge. I also consent that my picture may be taken and used for any purpose deemed necessary to promote Texarkana College scholarships.

I hereby understand if chosen as a scholarship recipient, according to Texarkana College scholarship requirements, I must provide evidence of enrollment before my scholarship funds will be disbursed.

Signature of scholarship applicant: _____

Date: _____

Please email, mail OR submit application in person to:

Texarkana College
Attn: Scholarship Coordinator
2500 North Robison Road
Texarkana, TX 75599
bulldog@texarkanacollege.edu

SCHOLARSHIP QUALIFICATIONS

ELDRIDGE (JAKE AND BESSIE ELDRIDGE) MEMORIAL SCHOLARSHIP

Texarkana College students planning on attending a public, four year Texas college or university after completing a minimum of 60 semester credit hours with a cumulative GPA of 3.0 or higher, may apply for the Jake and Bessie Eldridge Memorial Scholarship. In order to be eligible, the applicant must be enrolled as a full-time student, demonstrate outstanding academic ability, possess exceptional character, and have a documented financial need. The applicant must be enrolled in the next full academic semester, excluding Summer. Include a signed copy of your parent's 2018 federal income tax return (if a dependent student) and a signed copy of your 2018 federal income tax return (if applicable). You must also submit an essay explaining why you feel you deserve the Jake and Bessie Eldridge Memorial Scholarship. Recipients will be selected by the Scholarship Committee.