



FACULTY ASSOCIATION SCHOLARSHIP APPLICATION

I hereby apply for a TC Faculty Association academic scholarship to assist in the payment of my educational expenditures while in full-time attendance at Texarkana College for the 2019-2020 academic year.

I. Personal Information

Student ID: _____

Mr. Mrs. Ms.) Last Name: _____ First Name: _____ Middle: _____

Home Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ College Major or Program of Study: _____

Applicant's signature: _____ Date: _____

II. College transcripts of all work completed must be enclosed with this application (applicant must have completed 12 semester hours at Texarkana College with an overall GPA of at least 3.5).

III. In your own handwriting, and in some detail, tell who and/or what influenced you to attend college. Suggest length: 1/2 to 1 page. Use backside of application.

IV. Letters of recommendation from two TC instructors must be included with the scholarship application. Use attached forms. Indicate the names of the instructors below:

1. _____ 2. _____

V. Applications, transcripts, and letters must be mailed or returned directly to TC Financial Aid Office.

Note: This scholarship is not based on need.

Return this application to the Texarkana College Financial Aid Office by April 5, 2019.

APPLICATION DEADLINE IS APRIL 5



LETTER OF RECOMMENDATION

Applicant's name:

General comments

In your own words, please give a summary evaluation of the applicant based on academic performance. Use back side if needed.

Signature and Date:

This person has applied for a Texarkana College Faculty Association Scholarship. The information you have given us will be confidential. Please mail or return this information directly to the Texarkana College Financial Aid Office, 2500 N. Robison Rd., Texarkana, Texas 75599, by April 5, 2019.



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