

## T E X A R K A N A C O L L E G E | 2 0 2 0 - 2 0 2 1

## PRESIDENTIAL

## 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	First name:		
Email address:					
Mailing address:		City:	State:	Zip:	
Daytime telephone number:		Cell phone:			
Date of birth – Month:	Day:	Year:	Gender: 🗖 Male	☐ Female	
Will you be a 2020 high school graduate? ☐ Yes ☐ No * STOP, not eligible to apply					
Name of high school attended:			Grade point average (GPA)		
Class Rank:	Anticipated College Major:		T-shirt size:		
REQUIRED ATTACHMENTS  The following items must be attached 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.    Yes					
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 that I must complete the 2020-2021 FAFSA before my scholarship funds will be disbursed.					
Signature of scholarship ap	plicant:		Date:		