



TEXARKANA COLLEGE

SCHOLARSHIP

APPLICATION

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

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

I certify that I am a United States Citizen or permanent resident of the United States: Yes No

When did you/when will you graduate from high school? _____

Name of high school attended: _____

Grade point average (GPA) _____ Class Rank: _____

Anticipated College Major: _____ Academic Program Workforce Program

College GPA (if applicable): _____ Number of college hours earned (if applicable): _____

Are you the child of a first responder (police, fire, or EMS)? Yes No

ESSAY

Please describe your academic and career goals in 300 or fewer words.

REQUIRED ATTACHMENTS

The following items must be attached to this application in order for the application to qualify to be reviewed by the scholarship committee.

Check yes or no to be sure you have attached each item as required.

- Yes No Completed, signed application form (this form)
 Yes No Most recent transcript (college or high school)
 Yes No Essay

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 provide evidence of enrollment before my scholarship funds will be disbursed.

Signature of scholarship applicant: _____ Date: _____