



BWI Companies

SCHOLARSHIP APPLICATION

Up to two scholarships from BWI Companies, Inc. will be awarded in consideration of applicant's academic achievements, community involvement, and financial need. Each scholarship will be awarded for one year in the maximum amount of \$2,500. It is valid for the academic year in which it is awarded and cannot be held over for use in a subsequent year without the approval of the BWI Director of Human Resources.

Applicant must:

- 1) Be a dependent of a full time BWI employee who has been employed with BWI for a minimum of 24 months
- 2) Maintain full time student status (Minimum of 12 semester hours)

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

Will you be a 2016 high school graduate? ☐ Yes ☐ No

Name of high school attended: _____

Grade point average (GPA) _____ (on a 4.0 scale)

*Please attach an official or unofficial grade transcript with current GPA listed and a copy of ACT/SAT scores.

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

Name(s): _____

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

Home phone: _____ Cell phone: _____



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List any additional financial assistance you will receive during the upcoming academic year:

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

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

Why are you pursuing a degree of higher education?

Please list any academic achievements or community involvement you think should be considered as part of this application.

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.

- | | | |
|------------------------------|-----------------------------|--|
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | Completed, signed application form [this form] |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | One character reference. Include these letter in a sealed envelope. |
| <input type="checkbox"/> Yes | <input type="checkbox"/> No | A copy of your most recent official/unofficial transcript with cumulative grade point average. |
- Note: Applicants must be TSI met in all areas.

Your application will be returned to you if these items are not attached to this application. 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

SIGNATURE OF INSTITUTION ADMINISTRATORS

Scholarship Coordinator

Name: _____

Signature: _____

Date: _____

Scholarship Committee Ranking: _____