

TEXARKANA COLLEGE

MIKE SMITH MEMORIAL WELDING SCHOLARSHIP APPLICATION

The Mike Smith Welding Scholarship is awarded to welding students in their second and third semesters. The scholarship value of \$1,000 is awarded over two semesters. To qualify, the students must complete an application and submit one letter of recommendation from their welding instructor. Mike Smith passed away in July 2018. He served as the Welding Program Coordinator/Instructor at Texarkana College and was a Veteran of the United States Navy.

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

Year of high school graduation: _____

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): _____

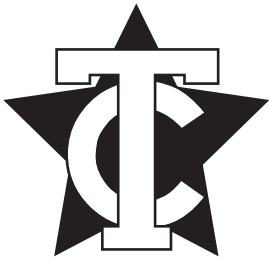
Street: _____ City: _____ State: _____ Zip: _____

Home phone: _____ Cell phone: _____

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: \$ _____



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Why are you interested in a career in welding?

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 Reference from welding instructor. Include this letter in a sealed envelope.
 - Yes 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.

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:

Please go to texarkanacollege.edu/scholarships for application deadlines