



Please type or print

Applicant Name (first and last): _____

Mailing address: _____

Telephone (Area code + #): _____

Email address: _____

Academic Year: 2017-2018 SCHOLARSHIP APPLICATION

Submit completed application to:

SWCID
Enrollment Services
3200 Avenue C
Big Spring, TX 79720
432-218-4045

For Priority Consideration
Submit by: April 1, 2017 before the academic year of attendance

Make sure that you have enclosed your high school/college **TRANSCRIPT** and **ESSAY!**

Incomplete applications (missing essay and/or transcript) **WILL NOT** be considered for scholarships.

.....
: **Office Use Only**
: Date Application Received
: _____
: Scholarship Awarded
: _____
: Student SWCID ID# _____
: Student SS # _____
:

It is the policy of the Howard County Junior College District not to discriminate on the basis of sex, race, color, religion, age, national origin, veteran or qualified disability in educational activities, admission or employment policies.

SWCID Scholarship Application

APPLICATION FOR GENERAL COLLEGE SCHOLARSHIPS

PLEASE TYPE OR PRINT CLEARLY ALL APPLICABLE INFORMATION REQUESTED ON THIS APPLICATION. TO BE ELIGIBLE, A STUDENT MUST MEET THE REQUIREMENTS AS SPECIFIED BY THE SCHOLARSHIP.

ALL NECESSARY MATERIAL (application, essay and transcript) must be postmarked or received on or before **April 1, 2017**. Applicants are strongly encouraged to submit all necessary documents as soon as possible to assure that a last minute delay will not preclude consideration for a scholarship award.

1. APPLICANT INFORMATION

SOCIAL SECURITY NO. _____ EMAIL ADDRESS _____

FIRST NAME: _____ MI _____ LAST NAME: _____

PERMANENT MAILING ADDRESS _____

CITY _____ COUNTY _____ STATE _____ ZIP _____

HOME TELEPHONE () _____

2. SWCID ADMISSION INFORMATION

Have you applied for admission to SWCID? _____ YES _____ NO

When do you plan to enroll at SWCID? List semester and year _____

What will be your enrollment status? _____ Full-time (12 or more semester hours)

_____ Part-time student (6-11 semester hours)

What will be your classification during the scholarship award period?

Freshman (0-29 Hrs.) _____ Sophomore (30-59 Hrs.) _____ Other (60 Hrs. +) _____

MAJOR FIELD OF STUDY _____

3. EDUCATIONAL INFORMATION

HIGH SCHOOL ACTIVITIES PROFILE

High School Name: _____

High School Address: _____ City: _____ State: _____ Zip: _____

Date of High School Graduation or G.E.D.: _____ ACT/SAT Score: _____

GPA _____ Class Rank _____

Please list awards, honors and offices held at the high school level. Also list organizations in which you are involved.

COLLEGE ACTIVITIES PROFILE (if applicable)

Name of Most Recent College Attended _____

College GPA: _____ Classification _____ Number of Hours Completed _____

Please list awards, honors and offices held at the college level. Also list organizations in which you are involved.

4. FAMILY EDUCATIONAL BACKGROUND

SOME SCHOLARSHIP PROGRAMS ASSIST FIRST GENERATION STUDENTS. TO BE CONSIDERED, COMPLETE THIS SECTION.

Father's Name: _____ Mother's Name: _____
Father's educational level _____ Mother's educational level _____



ADDITIONAL SCHOLARSHIP INFORMATION

PERFORMANCE SCHOLARSHIPS (An audition or interview may be required)

Are you interested in: _____ Diplomat _____ Resident Assistant _____ Cheerleading
 _____ Men Basketball _____ Women Basketball _____ Women Volleyball



STUDENT CERTIFICATION

My signature below certifies that the information provided in this application is accurate and complete to the best of my knowledge. I authorize SWCID Enrollment Services to release any information contained in this application to SWCID departments as well as outside donors.

Signature: _____ Date: _____