

Application Period  
Fall 20\_\_ Spring 20\_\_  
Return to Howard College Enrollment Services  
Application Deadline: April 1

**Al's & Son Bar-B-Q Inc**  
**Employees Scholarship Fund**  
**Big Spring, Texas**

### Application for Scholarship

Last Name-\_\_\_\_\_ First Name\_\_\_\_\_ MI\_\_\_\_\_

Social Security No.:\_\_\_\_\_ Date of Birth:\_\_\_\_\_

Mailing Address:\_\_\_\_\_  
Street City Zip

Home Phone No.:\_\_\_\_\_ Cell Phone No.:\_\_\_\_\_

Campus Name and Location\_\_\_\_\_

### Award Eligibility

1. Must be a resident of Howard County and have attended school in Howard County last semester.
2. Must be accepted into a degree program in an area of business.
3. Must register and maintain enrollment in at least 12 credit hours.
4. Must maintain a GPA of 2.50
5. Must complete semester which the scholarship is awarded, scholarship will be paid at end of semester.
6. New freshman applicants must have graduated in the top 50 percentile of the graduating class.
7. Must provide transcripts and financial aid statements with application.
8. Applications must be renewed each semester and must have maintained a 2.50 GPA in the previous semester.

### Eligibility Information: (an official transcript must accompany application)

Rank in High School Class (New Freshman only) Number\_\_\_\_\_ Out of \_\_\_\_\_ Graduates.

Cumulative Grade Point Average (GPA)\_\_\_\_\_ Last Semester GPA\_\_\_\_\_

Name of Degree Program:\_\_\_\_\_ Major course of study\_\_\_\_\_

Briefly, describe your career goals:\_\_\_\_\_

List other sources of financial aid you are receiving for this application period:

Source\_\_\_\_\_ Amount \$\_\_\_\_\_

Source\_\_\_\_\_ Amount \$\_\_\_\_\_

I certify, to the best of my knowledge, the information contained in this application is correct and complete. I grant the office of Financial Aid permission to verify the information requested regarding my GPA and status at the college. I understand that any false statements made herein will VOID this application

Student signature\_\_\_\_\_ Date\_\_\_\_\_

□ For Office Use Only: Academic's verified by (name and date)\_\_\_\_\_

Scholarship Approved by\_\_\_\_\_ Date\_\_\_\_\_

Signature of Al's & Son Bar-B-Q Employee