



Please type or print

Applicant Name (first and last): \_\_\_\_\_

Mailing address: \_\_\_\_\_

Telephone (Area code + #): \_\_\_\_\_

Email address: \_\_\_\_\_

Academic Year: 2018-2019 SCHOLARSHIP APPLICATION

Submit completed application to:

SWCID  
ATTN: Jessica Mason  
3200 Avenue C  
Big Spring, TX 79720  
432-218-4045

***For Priority Consideration***  
***Submit by: April 1, 2018 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.

<b>Office Use Only</b>
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, or, religion, age, national origin, veteran or qualified ability 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, 2018**. 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.

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**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 \_\_\_\_\_

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**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

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**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: \_\_\_\_\_