

Brazoria County Counselor Association Scholarship Application
SEND APPLICATION TO: P.O. BOX 354, ALVIN, TX 77512

Name _____ Social Security # _____
Address _____
College choices (1) _____ (2) _____
College major _____ Career Choice _____

What are your plans for the future? _____

Father's employer/position _____ Yearly income _____
Mother's employer/position _____ Yearly income _____
Number of children in the family _____ Ages _____ Number currently in college _____
Describe your situation or circumstance that demonstrates a financial need.

List your high school activities: (clubs, leadership roles, extra-curricular events, scholastic achievements, honors and awards).

List your community/church activities: (volunteer groups, clubs, offices held, service projects, awards, achievements).

Describe your work experience: (jobs you have held, type of work and dates of employment at each position).

On the back, write an organized essay describing your personal, educational, and career goals and how a scholarship will help you achieve them. Use blue or black ink only and limit it to the back of this page only. You may want to type it in a computer and feed it through a printer.

Signatures verify that the information provided is true.

Student's signature _____ Parent's signature _____

To be completed by school official: Class rank _____ Class size _____ Quartile _____
SAT CR _____ ACT V _____
SAT M _____ ACT M _____
SAT W _____ ACT COMPOSITE _____

SCHOOL OFFICIAL SIGNATURE _____ POSITION _____