

# 2017 Fort Bend County A&M Club Scholarship Application

\*\*\*\*\*MUST BE POSTMARKED NO LATER THAN June 30, 2017 TO BE CONSIDERED\*\*\*\*\*

Date of Application: \_\_\_\_\_

Full Name of Applicant: \_\_\_\_\_

Nickname / Preferred Name: \_\_\_\_\_

Home Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Home Phone: \_\_\_\_\_

Alternate Number (please specify): \_\_\_\_\_

Date of Birth: \_\_\_\_/\_\_\_\_/\_\_\_\_ Age at Start of Semester: \_\_\_\_\_

Applicant Email Address: \_\_\_\_\_

High School: \_\_\_\_\_ School District: \_\_\_\_\_

Planned Major Field of Study: \_\_\_\_\_

**Please verify the following have been attached to the application.  
(Incomplete applications are not considered):**

- Copy of Acceptance Letter from Texas A&M University
- Typewritten narrative about you and why you should receive this scholarship.
- Letters of Recommendation
- Transcript (May be mailed separately)

**Academic Information:**

Name of High School: \_\_\_\_\_

Address: \_\_\_\_\_

City: \_\_\_\_\_ ST: \_\_\_\_\_ Zip: \_\_\_\_\_ County: \_\_\_\_\_

Date of Graduation: \_\_\_\_\_

Number in Graduating Class: \_\_\_\_\_ Your Rank: \_\_\_\_\_

Are You Class Valedictorian? \_\_\_\_\_ Salutatorian? \_\_\_\_\_

Scholastic Average for Four Years: \_\_\_\_\_ Grade Scale: \_\_\_\_\_

(If scholastic average is not a numerical percent (98.3%), it must be presented with the grade scale on which it is based (ex: 3.83 on a 4.0 scale). Counselor or school official should provide this data and the applicant's transcript should verify the grading system with numerical equivalents / ranges indicated.)

Does your GPA reflect your work ethic or ability to be successful? Why or why not?

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Were you in AP, Honors, or Advanced Classes? \_\_\_\_\_ If "Yes", please list these courses in the space provided:

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**Activities, Honors, and Awards:**

**Extracurricular Activities**

In the space below, list school-related activities in which you participated, indicating length of association and any leadership or officer positions held.

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**Community Activities**

In the space below, list community or place of worship activities in which you participated, indicating length of association and any leadership positions held.

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**Honors and Awards**

In the space below, list any awards, honors or special recognition received during the last four years either related to high school, community, or place of worship activities. Please indicate year(s) achieved.

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**Financial and Other Information:**

Please check the applicable blank:

- I live at home with both parents.
- I live in a single parent household with my: \_\_\_\_\_
- Other, please explain if you live with a guardian, grandparent or have

other arrangements: \_\_\_\_\_

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If your parents are divorced, does your non-resident parent contribute to your support?

- Yes Amount per year \$ \_\_\_\_\_
- No

Comments: \_\_\_\_\_

Comments (continued) \_\_\_\_\_

**Father's/** Guardian's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Living? ( ) Yes ( ) No His Occupation: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

College Attended: \_\_\_\_\_ Degree: \_\_\_\_\_

**Mother's/** Guardian's Name: \_\_\_\_\_ Age: \_\_\_\_\_

Living? ( ) Yes ( ) No Her Occupation: \_\_\_\_\_

Place of Employment: \_\_\_\_\_

Daytime Phone Number: \_\_\_\_\_

College Attended: \_\_\_\_\_ Degree: \_\_\_\_\_

Number of Children in Your Family: \_\_\_\_\_

Ages of Siblings Who Reside at Home with You: \_\_\_\_\_

Number of Siblings Who Will Attend College at the Same Time as You: \_\_\_\_\_

How Many of the Above Siblings Will Attend TAMU? \_\_\_\_\_

### **Financial Information**

Please indicate any previous work history you may have, including jobs you have held throughout high school.

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Work History (continued) \_\_\_\_\_

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Will you work while in college? Please explain why or why not.

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List any expenses other than tuition, books, room and board that you anticipate while in college (ex. sorority/fraternity dues, medical expenses, recreation, travel, etc.).

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Will you have your own car at college? \_\_\_\_\_

How much financial assistance can you anticipate receiving from your parents, relatives, or other sources (loans, financial aid) per semester?

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What other scholarships have you applied for and/or expect to receive?

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Please circle the amount that best describes your family's annual gross (pretax) income:

Less than \$25,000	\$25,001 to \$50,000	\$50,001 to \$75,000
\$100,001 to \$125,000	\$125,001 to \$150,000	\$150,001 to \$175,000
\$175,001 to \$200,000	\$200,001 to \$250,000	Over \$250,001

Please list any specific reasons why you need financial assistance to attend school.

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### Personal References

Please list the names and contact information of no more than two persons from whom you have attached recommendations with your application. Letters must indicate name, relationship and daytime phone number of the person submitting the recommendation. (No relatives please)

1. \_\_\_\_\_

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2. \_\_\_\_\_

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### **Certification by Applicant and Authorization for Verification**

I hereby certify that the statements contained in this application are true, accurate, and complete, and that I presently meet all eligibility requirements set forth in the application. If selected to receive a Fort Bend County A&M Club Scholarship, I understand that I am expected to enroll at Texas A&M University and to abide by the policies governing the Fort Bend County A&M Club Scholarship Program. (Note: Any false statement in this application shall constitute grounds for revocation or withdrawal of any awarded scholarship.) Furthermore, I understand that I may be asked and agree to assist or speak at a club function while attending Texas A&M University.

I hereby authorize any person, firm, or entity to release to the Fort Bend A&M Club, or their authorized representative, information concerning the subject matter of the statements I have made in this application, including but not limited to information concerning my academic record, honors and awards, citizenship or residency, and financial situation. A copy of this authorization is agreed by the undersigned to have the same effect and force as an original. Any person, firm or entity releasing matters pursuant to this authorization is hereby absolved from any liability.

Signature of Applicant: \_\_\_\_\_ Date: \_\_\_\_\_

Signature of Parent of Guardian: \_\_\_\_\_ Date: \_\_\_\_\_



Applications should be mailed to:

Fort Bend County A&M Club  
Attn: Scholarship  
PO Box 16684  
Sugar Land, TX 77496

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Qualified applicants may be contacted for an interview. Recipients will be notified of award by January 2018 and will be recognized at a later date.

For questions regarding the application, please contact us via email at [information@fortbendags.com](mailto:information@fortbendags.com).