



Please type or print

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

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

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

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

Academic Year: 20\_\_\_\_ SCHOLARSHIP APPLICATION

Submit completed application to:

Howard College  
Enrollment Services  
1001 Birdwell Lane  
Big Spring, TX 79720  
432-264-5072

*For Priority Consideration*

*Submit by: April 1, 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 HC 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.

Revised May 4, 2015



# Howard College Scholarship Application

APPLICATION FOR GENERAL COLLEGE SCHOLARSHIPS AND DEPARTMENTAL/PROGRAM 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**. 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. \_\_\_\_\_  
FIRST NAME: \_\_\_\_\_ MI \_\_\_\_\_ LAST NAME: \_\_\_\_\_  
PERMANENT MAILING ADDRESS \_\_\_\_\_  
CITY \_\_\_\_\_ COUNTY \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_  
HOME TELEPHONE ( ) \_\_\_\_\_  
CAMPUS: \_\_\_\_\_ Big Spring \_\_\_\_\_ Lamesa

## 2. HOWARD COLLEGE ADMISSION INFORMATION

Have you applied for admission to Howard College? \_\_\_\_\_ YES \_\_\_\_\_ NO  
When do you plan to enroll at Howard College? 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: \_\_\_\_\_  
G PA \_\_\_\_\_ 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.

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**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: \_\_\_\_\_ Band \_\_\_\_\_ Choir \_\_\_\_\_ Theatre \_\_\_\_\_ Dance  
\_\_\_\_\_ Diplomat \_\_\_\_\_ Resident Assistant \_\_\_\_\_ Journalism  
\_\_\_\_\_ Ag/Judging \_\_\_\_\_ Cheer

For athletic scholarship information please visit our athletics website at: <http://www.hchawk.com>

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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 Howard College Student Support Services to release any information contained in this application to Howard College departments as well as outside donors.

Signature: \_\_\_\_\_ Date: \_\_\_\_\_