



Waltrip Alumni Association

P.O. Box 924212 Houston, TX 77292-4212

Scholarship Application

Eligibility is limited to a current year high school senior of Waltrip High School. This award will be given on the basis of ACADEMIC EXCELLENCE, SCHOOL EXTRA CURRICULAR ACTIVITIES, FINANCIAL NEED, COMMUNITY AND VOLUNTEER ACTIVITIES, and RECOMMENDATIONS and is made in a non-discriminatory fashion in terms of race, color, national origin, age, sex, or religious preference.

All scholarships are in the form of certificates of award conditioned upon the enrollment of the student in an undergraduate course in an accredited college or university or vocational institution. Upon receipt of an invoice for enrollment from proper officials, a Waltrip Alumni Association check for the amount of the award will be forwarded to the college or university to be applied to the student's account.

Please send any questions you may have to waltripalumni@gmail.com, or to our P.O. Box.

Upon completion of this scholarship application, mail to:

**Waltrip Alumni Association Inc.,
P.O. Box 924212, Houston, TX 77292-4212.**

ENCLOSE THE FOLLOWING ITEMS WITH THIS FORM:

- 1) A current picture of yourself (suitable for newspaper).
- 2) An official copy of your high school transcript containing at least seven (7) semesters.
- 3) A brief essay listing your school and community activities and accomplishments, your educational objectives, and any additional information which you believe qualifies you for this award.
- 4) A letter of recommendation from a teacher or school official from Waltrip High School commenting on your character, personality, and scholarship. A completed teacher or school official recommendation letter must be attached or application will not be considered.
- 5) In addition to your essay, include two separate paragraphs, written solely by the applicant,
 - (1) describing your goals in life and how you hope to attain them, and
 - (2) describing your financial need to assist in obtaining a higher education.
- 6) Application deadline is March 15th of each year.

Miss
Full Name: Mr. _____

Address: _____
(Street) (City) (State) (Zip)

Telephone Number: _____

Date of Birth: _____ Place of Birth: _____

Schools Attended (9th through 12th grades):

<u>Name of School</u>	<u>Date of Entrance</u>	<u>Period Attended</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

ACT or SAT Score: _____ Rank in Class: _____

Scholastic Honors and Awards (School related):

Extracurricular Activities (School related – indicate sport, organization, office(s) held, year(s):

Community Activities (non-school related):

What college/university do you plan to attend? _____

Planned field of study? _____

What date do you plan to enter college or university? _____

Have you been granted scholarship aid? YES NO If yes, please describe:

Please explain any unusual circumstances that would have a direct bearing on your financial ability to attend college. (Complete only if applicable).

Recipients of a scholarship will be selected on the basis of the information submitted. Please sign and date the application. Failure to sign will disqualify your application.

Distribution of Scholarship Funds:

All scholarships are in the form of certificates of award issued by the Waltrip Alumni Association, Inc., conditioned upon the enrollment of the student in an undergraduate program in an accredited US college, university or vocational school. Upon the receipt of the "Verification of Enrollment" form from proper school officials, a Waltrip Alumni Association Inc. check for the amount of the award will be forwarded to the college or university to establish a credit for the student.

Please note that schools may deduct an amount equivalent to the Waltrip Alumni Association, Inc. scholarship award from your financial aid package. It may be all or a portion, depending on school policy, if applicable. The Waltrip Alumni Association, Inc. cannot circumvent school policy.

I declare that the information submitted is true and accurate and the writing sample and application have been prepared solely by me, the applicant. I hereby affirm that I intend to enter an accredited school of higher education as a full time student, and that I have read the above two paragraphs pertaining to the "Distribution of Scholarship Funds". I also understand that my enrollment must be completed within the current calendar year.

Signature of Applicant: _____ Date: _____

FOR COMMITTEE USE ONLY:

Date application reviewed: _____ Date application approved: _____

Date application denied: _____ Date decision letter sent: _____

Signed: _____ Signed: _____

Signed: _____ Signed: _____