



BRAZOSPORT CHRISTIAN SCHOOL

Scholarship Application

Fill out all information except for the name of the scholarship, make copies, then put in the name of the scholarships.
Applicants may attach additional pages if needed.

Name of Scholarship: _____

Name: _____ Address: _____

City: _____ Zip: _____ Phone: _____

Date of Birth: _____

Father: _____ Occupation: _____

Place of Employment: _____

Mother: _____ Occupation: _____

Place of Employment: _____

Number of dependents in household including yourself _____ Ages _____

Number of dependents attending college next school year? _____

Annual Income of Family:

____ Under \$15,000 ____ \$15,000 - \$20,000 ____ \$20,000 - \$25,000 ____ \$25,000 - \$30,000

____ \$30,000 - \$35,000 ____ \$35,000 - \$50,000 ____ Over \$50,000

Explain why you need this scholarship. Describe any special circumstance indicating financial need:

College(s) you are planning to attend. 1st choice: _____ 2nd choice: _____

Major _____ Eventual career objective _____

Do you plan to attend full-time? _____ Or part-time? _____

Do you plan to work while attending college? _____

List academic awards and honors, school offices held, etc.:

List extracurricular activities including athletics, hobbies and special talents:

List any community service or volunteer work during high school:

List job experiences, internships or summer activities:

Company Dates Duties

APPLICANT SIGNATURE DATE PARENT SIGNATURE DATE

Note: Applicant's and/or parent's signature will be considered permission to release the information below.

TO BE FILLED IN BY BCS COUNSELOR

Class Rank: _____ out of _____ Weighted GPA _____ Weighted CNA _____

Date of Graduation _____

SAT Scores: Critical Reading _____ Math _____ Writing _____

ACT Scores: English _____ Math _____ Reading _____ Science _____ Composite _____ Writing _____

Attach an Official High School Transcript? Yes ___ No ___

(Revised 1/2010)