Brazosport College

To be completed by FA Office:
Hours Earned: _____
Hours Enrolled: _____
H.S. Class Rank: _____

GENERAL SCHOLARSHIP APPLICATION

PERSONAL DATA

Applicant's Name: _____ _____
Last First MI Social Security Number

Mailing Address: _____ _____
Address City Zip Phone Number

E-Mail Address: _____

Marital Status ☐ Single ☐ Married ☐ Divorced ☐ Widowed

Do you live with your parents? ☐ Yes ☐ No

Number of dependent children you support: _____ List Ages: _____

Birth Date: ____/____/____ Gender: ☐ Male ☐ Female U.S. Citizen ☐ Yes ☐ No

Are you the first person in your immediate family to attend college? ☐ Yes ☐ No

Intended Major: _____

Note: IT IS REQUIRED THAT ALL STUDENTS COMPLETE A FAFSA BEFORE AN APPLICATION WILL BE CONSIDERED. QUALIFICATION FOR FINANCIAL AID NOT REQUIRED.

Have you submitted a FAFSA? ☐ Yes ☐ No

EDUCATION

High School Attended_____Date of High School Graduation or GED_____

College Attendance:
- ☐ No prior college
- ☐ Transfer from another college (GPA _____)
- ☐ Re-entering Brazosport College
- ☐ Currently attending Brazosport College

(Unofficial High School or College Transcript must be attached)

College(s) Attended:_____ Date: _____
_____ Date: _____

Honors or Awards: _____
_____

Community Involvement/Extracurricular Achievements:_____
_____

SCHOLARSHIP REQUIREMENTS

The Financial Aid Committee selects recipients according to donor guidelines. Scholarships are available to students who are attending classes either full- or part-time and have a cumulative GPA of 2.0 or higher, unless otherwise specified in donor guidelines. Scholarship recipients will be notified by mail.

All applicants must submit at least one letter of recommendation from a non-family member such as an instructor, employer, counselor, or other individual that is familiar with their qualifications.

Are you related in any manner to any member of the board of regents of the college? ☐ Yes ☐ No

A list of the current Brazosport College Board of Regents members can be viewed at www.brazosport.edu

APPLICANT DECLARATION AND AUTHORIZATION

I hereby declare that the information contained in this application is true and correct to the best of my knowledge. I authorize the college to release any information concerning my records at Brazosport College to the donor(s) of any scholarship which I am awarded. If selected, I authorize Brazosport College to use my name in media releases.

_____ _____

Signature **Date**