



**SOUTHWEST TRAILRIDERS ASSOCIATION, INC.  
SCHOLARSHIP APPLICATION**

Scholarship eligibility requires that applicants be a graduate of an accredited high school in Harris or an adjacent county.

**Date:** \_\_\_\_\_ **County:** \_\_\_\_\_

**APPLICANT INFORMATION:**

Name \_\_\_\_\_ Male or Female  
*First Middle Last (Circle One)*

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_

Home Phone (\_\_\_\_) \_\_\_\_\_ Cell Phone (\_\_\_\_) \_\_\_\_\_

Date of Birth \_\_\_\_\_ Age \_\_\_\_\_  
*(Month) (Day) (Year)*

**FAMILY INFORMATION:**

Check if Applicable

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

\_\_\_\_\_  
\_\_\_\_\_

Number of persons living in the household (include yourself) \_\_\_\_\_

Number of persons living in the household attending college at least half-time \_\_\_\_\_

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

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Daytime Phone Number (\_\_\_\_\_) \_\_\_\_\_  
*Area code*

College Attended \_\_\_\_\_ Years \_\_\_\_\_ Degree: **Yes or No**

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

Occupation \_\_\_\_\_

Employer \_\_\_\_\_

Daytime Phone Number (\_\_\_\_\_) \_\_\_\_\_  
*Area code*

College Attended \_\_\_\_\_ Years \_\_\_\_\_ Degree: Yes or No

**ACADEMIC INFORMATION:**

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

Address \_\_\_\_\_

City \_\_\_\_\_ Zip \_\_\_\_\_ Phone Number: (\_\_\_\_\_) \_\_\_\_\_  
*Area code*

Anticipated date of Graduation \_\_\_\_\_

Number in graduating class \_\_\_\_\_ Your Rank \_\_\_\_\_

List your grade point average for four years \_\_\_\_\_ Grading Scale \_\_\_\_\_

**COLLEGE/UNIVERSITY PLANS:**

Please list the college(s) you plan to attend \_\_\_\_\_

Have you applied for admission? **Yes or No**                      Have you been accepted? **Yes or No**

What is your SAT score? \_\_\_\_\_ Date Taken \_\_\_\_\_

What is your ACT score? \_\_\_\_\_ Date Taken \_\_\_\_\_

What is your STAAR score? \_\_\_\_\_ Date Taken \_\_\_\_\_

What is your intended field of study? \_\_\_\_\_

**ACTIVITIES, HONORS, AWARDS:**

In the space provided below, please list any offices held or awards/honors received in high school. If you received an award more than once, please indicate year received.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

**COMMUNITY, CHURCH OR OTHER ACTIVITIES:**

In the space provided below, please list your involvement with groups indicated above. Be certain to include any offices held and include the years if you held any office more than once.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_
7. \_\_\_\_\_
8. \_\_\_\_\_
9. \_\_\_\_\_
10. \_\_\_\_\_

**PERSONAL REFERENCES:**

Please list the names and addresses of three persons from whom you have attached recommendations with your application. Letters must indicate name and daytime phone number of person submitting recommendation.

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

Are you a member of Southwest Trailriders Association, Inc.? **Yes or No**

If no, are you related to a member? **Yes or No** (Please give wagon name, number and relative's name, if not a member. \_\_\_\_\_  
(Wagon) (No.) (Relative's Name)

**CERTIFICATION**

I/we certify that the information contained in this application is true, accurate and correct to the best of our knowledge. If selected to receive a Southwest Trailriders Association, Inc. (SWTRA) scholarship. I understand that I am expected to attend any and all recognition activities to acknowledge acceptance of this honor. (Note: *Any false statement(s) in this application shall constitute grounds for revocation or withdrawal of any awarded scholarship*).

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

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