



Wharton County Junior College

911 Boling Highway • Wharton, Texas 77488 • (979) 532-4560

2019 ALUMNI ASSOCIATION SCHOLARSHIP APPLICATION

The intent of the Wharton County Junior College Alumni Scholarship is to assist and recognize young adults just beginning their higher education. We are looking for individuals showing self motivation in their past years with a defined goal of the future and who need financial support to attend Wharton County Junior College.

Students: It is YOUR obligation to ensure this form is completed in it's entirety with all instructions followed. Failure to do so will disqualify your application.

- (1) A copy of your high school transcript MUST be attached if you are classified as a freshman. Even if you are not classified as a freshman, if you have been in high school within the past four years, your transcript must be attached.
- (2) Ensure that your transcript lists a) your class ranking b) your GPA and clearly listing if this is based on a 4 or 5. If your school only provides the GPA based on 100% then ensure this is noted.
- (3) Any prior college classes (within the past 4 years) should have an attached transcript even if you are presently attending WCJC.
- (4) You must present a letter of reference preferably from one of the following: High School Principal, Counselor, Teacher, or a WCJC Graduate
- (5) You are encouraged to attach associated materials (resumes, list of activities/accomplishments). Please do not attach a photograph.
- (6) **Do not respond to a question with ONLY "see attached."** Your application is the primary document for judging, not the attached material. The attached material will be reviewed and can enhance the answers on the application. If your answer is longer than the space provided then supply key data and end the response with a reference to the proper attached document.

Type or print legibly and complete all blanks, front and back.

**Return form to:
WCJC Alumni Office
911 Boling Highway, Wharton TX 77488**

All applications must be *postmarked* by April 26, 2019

If you are selected:

- You must have a 2.0 GPA on a 4.0 scale certified prior to funding for each semester.
- You must complete the semester for which the scholarship is awarded.

Scholarship is for \$600 year. \$300 per fall and spring semester.



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Name _____ Student Social Security #: _____

College Major: _____ Student e-mail address: _____

Current Address _____ City _____ Zip _____

Number of Dependent Children living in household _____ Ages _____

Permanent Address _____ County _____

City _____ State _____ Zip _____

Telephone Number(s): _____ Date of Birth _____

High School: _____ City: _____ State: _____
Class Ranking: _____ of _____ GPA: _____ of a rating (4 or 5) _____ If not 4 or 5, list method _____

College Information, if applicable:
Classification (Freshmen – Sophomore – or list other) _____ Date of First College Enrollment _____
College GPA _____ Anticipated Graduation Date _____

FOR DEPENDENT STUDENTS ONLY: (If someone has claimed you as a dependent on this past year's income tax form please list yourself as a dependent).

Father's Name _____
Employer _____ Occupation _____

Mother's Name _____
Employer _____ Occupation _____

Number of Dependent Children living in the household _____ Ages _____

Number in Family Attending College _____

**FOR MARRIED COUPLES, AND/OR INDEPENDENT STUDENTS ONLY
(not living with parents or guardians and not claimed by someone else on this past year's income tax)**
 single/independent married/common law

Spouse/Partner's Name _____ Occupation _____
(If in a non-married relationship then the partners information is only needed if they are acting as a provider. If you are not willing to list their names, then please just list the word 'partner' in the space provided).
Scholarship Applicant's Employer and Occupation _____

WCJC Alumni Scholarship Application (continued)

Special Recognition for Excellence During High School/College _____

Extra-Curricular Activities Participated In During High School/College _____

List any jobs held within the last year. List employment dates. _____

COMPLETE THE FOLLOWING ESTIMATED BUDGET TO INDICATE YOUR RESOURCES WHILE AT WCJC FOR ONE ACADEMIC YEAR (9 MONTHS)

Assistance from Family & Relatives	\$ _____	Other Sources (Grants/Loans)	\$ _____
Earnings & Savings	\$ _____	Scholarships	\$ _____
		Total Available	\$ _____

Are you presently receiving any scholarships? (circle one) YES NO

Do you need financial assistance to attend WCJC? (circle one) YES NO

If receiving scholarship(s), please list name of scholarship and the amount to be received:

1. _____

2. _____

If you have any unusual circumstances, please feel free to explain:

I verify that the information on this application is correct to the best of my knowledge (please sign below).

Signature of Applicant: _____