

TAFCE SCHOLARSHIP APPLICATION

Applicant Name: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Home Phone: _____ Cell Phone: _____ Email: _____

Years in TAFCE? _____ Club Name: _____ County: _____

At the start of the fall term, will you be a: Freshman _____ Sophomore _____ Junior _____ Senior _____

Planned Major: _____ Planned Graduation Day: _____

Grade Point Average Last Semester: _____ Cumulative GPA: _____

Planned Degree (Bachelor's, Master's, Doctorate): _____

Please use the space below for your Biographical Statement including your educational background and financial need:

Actual dollars and source of funds available to you for educational purposes:

Per Semester \$ _____

Wages \$ _____

Parents/Spouse (if applicable) \$ _____

Scholarships \$ _____

Loan \$ _____

Other Sources (specify) \$ _____

Total \$ _____

Actual Expenses

Per Semester \$ _____

Tuition, Fees \$ _____

Books \$ _____

Living Expenses \$ _____

Other (specify) \$ _____

Total \$ _____

I attest that all information is complete and accurate.

Applicant Signature: _____ Date: _____

Please note: additional information or supporting exhibits about your activities, employment, etc., may be attached to this application to enhance your opportunity for success. Please attach your statement regarding future goals as a separate page to this application.