

TAFCE SCHOLARSHIP APPLICATION

Applicant Name: _____ # Years in TAFCE _____

Address: _____ City: _____

State: _____ Zip Code: _____ Email Address: _____

Home Phone: _____ Cell Phone: _____ Club Name: _____

County: _____ Region: _____

Grade Point Average Last Semester: _____ Cumulative GPA: _____

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

School Attending: _____ Planned Graduation Date: _____

Planned Major: _____ Planned Degree: _____

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: Source

\$ _____ Wages

\$ _____ Parents/Spouse

\$ _____ (if applicable) Scholarships

\$ _____ Loan

\$ _____ Total

Per Semester: Actual Expenses

\$ _____ 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

Revised: January 2022

