



Thank you for your interest in the Wichita Falls Area Community Foundation Scholarship program.

Application deadline is March 1st.

All information will be kept confidential within our scholarship program.

Please submit a complete application to our office either via mail or in person by the deadline date.

A complete application packet includes the following:

- 6 page scholarship application including financial information and essay
- 1 official high school transcript
- 3 references (see separate reference form). References should be mailed directly to our office.
- Additional documents may be requested upon review of the application.

Personal Information:

Last Name: _____ First Name: _____ Middle Initial: _____

Telephone: _____ Alternate Telephone: _____

Address: _____

City: _____ State: _____ Zip: _____

Email address: _____ Date of Birth: _____

Father's Name: _____

Father's address (if different than above): _____

Father's Occupation: _____

Father's Employer: _____

Mother's Name: _____

Mother's address (if different than above): _____

Mother's Occupation: _____

Mother's Employer: _____

Citizenship: United States: Other Country: How long have you lived in US: _____

School Information: You must provide an official transcript from High School.

High School Attended: _____

As of January 1st Senior Year - Current GPA: Class Rank: _____

Expected Graduation Date: Number of students enrolled in class: _____

SAT Scores: Math: Reading / Writing: Total: _____

ACT Scores: Reading: Math: Writing: Science: Total: _____

**Wichita Falls Area Community Foundation
Scholarship Application**

Additional Information:

Activities

List any extracurricular activities in which you participated while in high school in appropriate sections below (include any additional information on separate piece of paper if needed):

Last Name:

First Name:

MI:

Academic Awards / Honors:

Organization	Award/Honor	Position / Office Held	Year
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Extracurricular Activities (Memberships, Organizations, Sports, etc:)

Organization	Activity	Position / Office Held	Year
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Volunteer/Community Involvement:

Organization	Activity	Position / Office Held	Year
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Employment Information:

Employer	Dates of Employment	# hours worked per week
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If you are graduating from Burkburnett High School please complete the following questions.

1. Do you have a parent that is a member of the Burkburnett Rotary Club
2. Are you involved in Burkburnett High School Rotary Interact Club, RYLA, or have you participated in any Burkburnett Rotary Club projects? Please List:
3. Have you been a member , volunteer, or staff at Burkburnett Boys & Girls
4. Are you a member of or attend First Christian Church in Burkburnett, Texas:

If you are graduating from Vernon High School please complete the following question.

5. Are you a member of or attend First United Methodist Church in Vernon, TX.

**Wichita Falls Area Community Foundation
Scholarship Application
College Information**

College Information:

Last Name:

First Name:

Middle

Initial:

College you plan to attend:

Academic Major:

Minor:

Date Accepted:

Or Date Applied:

Note: Most of our scholarships are for Public colleges/universities, or technical/trade schools. Some of our scholarships will not fund private colleges/universities. At this time we do not have any scholarships available for colleges/universities that are only on-line course degrees. See scholarship list for details.

Answer the following three questions *in addition to completing the essay form* .

Please give three specific reasons that explain why you chose your intended college:

Please provide two specific reasons why you think your preferred college will help prepare you for success in your intended field of study and in general:

How will you be financing your college education and how will a scholarship impact your plan?

Other Scholarships Received/Applied For:

Use additional sheet of paper if necessary.

Scholarship Name

Amount

**Applied For or
Received?**

Total Scholarship \$ *RECEIVED* to date:

Wichita Falls Area Community Foundation
Scholarship Application
Finance Form

Financial Information: *Information will be kept confidential within our scholarship program.*

Last Name:

First Name:

MI:

I am using estimated numbers (we reserve the right to request verification).

I am using actual numbers.

I am a Dependent. Have Parents complete the form using information from their current Federal Income Tax return. (If your parents have not filed taxes by the time they are filling this out, they may use estimated numbers.)

I am Independent Information about you and your spouse (if applicable), must be included. Figures should be taken from your current Federal Income Tax return. You may claim independent if you are:

> 24 years of age or older, or

> Have served in the military, or

> Are a ward of the court, or

> Are married and living away from your parents, or

> Have not been claimed by your parents for two consecutive years and have earned at least \$4,000 in each of those two years

Adjusted Gross Income:

Total U.S. Income Tax Paid:

Wages, salaries, tips, earned from work by Self:

Wages, salaries, tips, earned from work by Spouse:

All Untaxed Income And Benefit:

(Child support, AFDC, ADC, SSI, etc.)

Cash, Savings, Stocks, Bonds, CD's, etc.:

Net value of real estate holding not used as primary residence and
not business or farm (market value less balance of mortgage):

Net value of business or farm:

Parents current marital status:

Students current marital status:

Number of Children in family:

Number of Children who will be attending college next academic year:

Extenuating Circumstances:

If you and your family have unusual circumstances, please explain by selecting any of the items below that pertain to your circumstances. You may use the comment box below to include any further details or other circumstances which may be relevant.

Family member recently became unemployed

Unusual medical expenses not covered by insurance

Tuition expenses at an elementary or secondary school

Single parent family or family status change

You and/or siblings qualify for free or
reduced lunch at school

Use comment box below to include further information relative to extenuating or unusual circumstances that pertain to you and your family.

**Wichita Falls Area Community Foundation
Scholarship Application
Essay Form**

Essay Form:

Last Name:

First Name:

MI:

Complete the essay form. The essay should be **no longer than 300 words** and **signed by you**, the applicant. **Grammar and punctuation do count.** Information in the essay **should include the following:**

1. Educational plans and how they relate to your career goals.
2. Motivating factors or important experiences which have helped to shape your personal philosophy and/or your education plans/career goals.
3. Information that reflects your commitment to family, friends, and the greater community.
4. Any additional information that we should know about you. This is your opportunity to include information not contained in other areas of application to help our committee understand who you are and why this scholarship is important to you.

Signature of Applicant

Date

**Wichita Falls Area Community Foundation
Scholarship Application
Signatures**

Certification: _____

Last Name: _____ First Name: _____ Middle Initial: _____

Please review statements below and initial showing you understand and agree to these terms.

I certify that all the information, including financial information, on this form is true and complete to the best of my (our) knowledge and the essay is my own work. If asked by WFACF, I (we) agree to give documentation for information given on this form. I (we) realize that this proof may include a copy of a Federal Tax Return. I (we) realize that failure to comply with a request for further information may prevent the applicant from being considered for scholarships. I understand that falsification of any kind of any information may result in the termination of the scholarship if one is granted to me.

I understand that this application will not be submitted on line. It is the applicant's responsibility to print and submit a complete application and supporting documents as noted below, either by mail or in person, to:

**Wichita Falls Area Community Foundation
2405 Kell Blvd, Suite 100, Wichita Falls TX, 76308**

Complete Application Must Be Received in WFACF office by end of business day on date of deadline as noted on website at www.wfacf.org

Complete application includes:

- 6 page application including financial forms and an essay.
- 3 references, including one from high school counselor. **(See additional form)**
- 1 official high school transcript.
- Additional documents may be requested upon review of the application.

Signature of Applicant: _____ Date: _____

Signature of Parent: _____ Date: _____

If you have any questions, please contact Julie Looper, Program Manager,
Wichita Falls Area Community Foundation at 940-766-0829 or via email at jlooper@wfacf.org