



YOUTH SCHOLARSHIP

Application Form
(Please type or print)

Name _____

Address _____

Email _____ Phone _____

District _____ County _____

Parent/Guardian (TCAAA Member) _____

Years in Extension _____ Date of Employment _____

Check one that applies to you Graduating High School Senior
 College Undergraduate Student

Name of High School _____ Class Rank/Size _____

GPA (4.0 Scale) _____ ACT Score _____ SAT Score _____

Have you been accepted to a college, university or technical school? Yes No

If no, have you made applications for admission? Yes No

If yes,
Name of University to be attended _____

Type of Degree _____ Major _____

Hours Completed toward this degree _____ Hours remaining _____

Please check the following items that should be attached to this application:

Copy of letter of acceptance to college/university

DO NOT ADD ADDITIONAL PAGES OR INFORMATION

DEADLINE: Due to Scholarship Committee Chairman by March 15th