

SWAHSRA SCHOLARSHIP APPLICATION FORM

NAME: _____

BIRTH DATE: _____ AGE: _____

ADDRESS: _____

TELEPHONE: _____ EMAIL: _____

1. SWAHSRA member for how many years? Which Grades?

2. Name the SWAHSRA events you compete in?

<mailto:cagewatlington@gmail.com>

3. Contact Information for the school you graduated from?

School Name _____

School Email _____ School Graduation Ceremony Date: _____

School Phone # _____

4. Post secondary edu: University _____ College _____ Vocational School _____

Community College _____ Trade School _____

5. Name of School _____

6. School Address _____

7. Why did you choose this particular school?

8. Proposed Course Of Study:

Please fill this form out completely and attach the following requirements

- a. An official transcript of your most recent academic record
- b. A statement from your school principal or one of your teachers summarizing your academic record and character
- c. A copy of a letter confirming your acceptance into the institution you plan to attend, if available

Please fill this out in its entirety and enclose any additional documents and mail to

SWAHSRA

3706 Skyline Blvd

Texarkana TX 75503

Postmark by July 30,2021

